

# CHEMIST & DRUGGIST

July 26 1980

a Benn publication

**Prescription  
inadequacies  
exposed**

**Why doctors  
want rural  
dispensing**

**Pharmacist  
struck off**

**New rates  
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**Oral hygiene  
SPECIAL  
SUPPLEMENT**



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# CHEMIST & DRUGGIST

Incorporating Retail Chemist

July 26 1980

Volume 214 No. 5227  
121st year of publication  
ISSN 0009-3033

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Published Saturdays  
by Benn Publications Ltd  
25 New Street Square, London  
EC4A 3JA  
Telephone: 01-353 3212  
Editorial and advertisement offices  
25 New Street Square, London  
EC4A 3JA  
Telephone: 01-353 3212 Telex 27844  
Subscription department  
125 High Street, Colliers Wood  
London SW19 2JN  
Telephone: 01-542 8575  
Subscription:  
Home £33 per annum  
Overseas & Eire £40 per annum  
including postage  
70 pence per copy (postage extra)

ABC Member of the Audit  
Bureau of Circulations

Regional advertisement offices  
Midlands: 240-244 Stratford Road  
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## CONTENTS

### Inadequacies in prescriptions

Receptionists fault rate reflects that of doctor 108

### ABPI rejects BBC invitation

Once bitten, twice shy 109

### More women in pharmacy

An international trend 110

### Oxygen rates up

Details of fees and rentals 113

### Striking off

Conduct of pharmacy a 'hazard' 114

### Oral hygiene

Special supplement 123

Comment 107

Books 112

Topical Reflections by Xrayser 115

Counterpoints 116

Letters 143

Business news 146

Market news 147

Coming events 147

Classified advertisements 148

## COMMENT

### Be 'good guys'

Public relations and the media have really hit the pharmaceutical headlines in the couple of weeks since the seminar organised by the Pharmaceutical Society (*C&D* July 5, p60) but unfortunately the headlines achieved in the national Press may not have been quite the examples the Society's director of public relations, Mr Philip Paul, had in mind.

To judge from the reaction of Merseyside pharmacist Mr Alan Poole, the Liverpool *Daily Post* headlines about generic prices were what he had in mind when drawing attention to generic prices and alleged under-the-counter profits within the retail pharmacist's grasp if he buys wisely below Drug Tariff rates (last week p76). But whether all other pharmacists will have rejoiced in the limelight of the exposed "pricing system that boosts profits for . . . High St chemists" is highly debatable.

Most arguments have two sides and there was certainly room for some counterbalancing opinion in what was otherwise a factually well-researched and presented article. It would have helped a great deal if retail pharmacy's financial plight could have been brought into the picture—complicating the story from the journalist's point of view, but at least avoiding the risk of leaving the casual reader with the impression that pharmacists are doing very nicely, thank you, and making a bit on the side as well. Once such an impression has been created, it can be beyond the means of the PR man to restore the situation.

It is just such a fear that prompts the Association of the British Pharmaceutical Industry, to refuse to have anything to do with a BBC Radio 4 programme on NHS expenditure on pharmaceutical products (p109). In

view of the fact that the programme is said to have the title "Prescription for Bankruptcy" even before the "counterbalancing" viewpoint has been invited, it suggests that the ABPI is being asked to self-prescribe salt for its own wounds. The Association has been dosed with this medicine before, when the same team worked to the theme "In sickness or in wealth" and gave the industry spokesman two-and-a-half minutes to answer the criticisms levelled during an hour-and-a-half of loaded documentary—despite recording for some three-quarters of a hour. The medicine left a better taste.

There may be a PR lesson here, however. Too rarely does the industry have a positive collective message (frankly, "another export record" is just words to the man in the street) and, having been forcibly cast as the "bad guy", it is difficult to interest the public in seeing the "good guy" act.

Why, for example, do the industry's "breakthrough" Press conferences always place the "professor of something or other" in centre stage? We know it is to show how unbiased has been the research, but did our professor put in the money, invent the preceding 100 compounds, produce the formulation, carry out the animal tests, devise the quality control, scale up from lab to factory, or take the commercial gamble? Seeing the "prof" interviewed on television at his "bench", the uninitiated might think he did.

Throughout pharmacy we must be looking to project the "good guy" image. "Defensive" public relations is defeatist public relations because it is shutting the stable door. If there is one thing that came over clearly in the PR seminar, it is that the profession has great potential for "offensive" public relations—and that there are many sympathetic journalists just waiting for a good story. ■



## Receptionist's script inadequacies mirror those of prescriber

The British Medical Association is to investigate the accuracy of prescriptions, following further revelations that important directions are often omitted.

A survey of prescriptions from 261 doctors has shown that 25 per cent of those written by general practitioners contained inadequate directions while 56 per cent of those written by their ancillary staff were inadequate. Definitions of "inadequate" were no directions; vague trivial or unhelpful directions; or dose stated but frequently omitted.

The survey, reported in the July *Journal of the Royal College of General Practitioners*, was carried out by Mr R. Austin and Mr R. Dajda, research fellows, Medical Sociology Research Centre, Swansea. They say that other data suggests GPs are not particularly worried about the writing of prescriptions by ancillary staff or the mistakes that occur when they do so; when asked about the contents of a course for training receptionists, only 54 per cent of GPs thought that instruction in prescription writing should be included.

The authors found that the more mistakes the GPs made, the more likely were their staff to make mistakes.

A BMA spokesman told *C&D* that the investigation into prescription writing was still at an early stage. It would probably take place during the coming year but he could give no further details as to its form.

## 'Bio'-insulin on test

The first tests of biosynthetic human insulin produced by recombinant DNA technology are being carried out by the unit for metabolic medicine, Guy's Hospital, London, in collaboration with the Eli Lilly Research Centre.

The researchers say that recent discoveries in genetics and

"remarkable advances in the techniques of DNA biochemistry" have made it possible to "instruct" bacteria to make insulin. One organism is instructed to make the A chain of natural insulin, another makes the B chain. After extraction and purification the two chains are correctly paired up to make insulin identical to human's.

Clinical trials are being carried out in healthy volunteers whose glucose reactions are being monitored after two dose levels of the new human insulin and compared with those following highly purified pig insulin. It is hoped that the human insulin will carry less risk of allergic reactions.

Eli Lilly have started constructing manufacturing facilities for the new insulin at Indianapolis and Speke, Liverpool, at a cost of \$40 million.

## Anyone for flying?

Mr Alan Smith, chief executive, Pharmaceutical Services Negotiating Committee, is hoping to set up a pharmacist's flying club.

Several pharmacists have expressed interest following an interview with Mr Smith about his hobby of flying (*C&D*, March 22, p483). A Piper Cherokee is available for joint ownership or for hire to members of the proposed club, depending on the numbers interested. Costs would also depend on the numbers involved. The aircraft is now based at Elstree but could be transferred elsewhere, and flying instruction and insurance could be arranged.

Pharmacists interested in forming a flying club are asked to contact Mr Smith at PSNC, Langwood House, 63 High Street, Rickmansworth, Herts. ■

## No 'Euro' defence on 'passing off'

Berk Pharmaceuticals Ltd could not rely on a "European defence" in their answer to a pending action against them by ICI, it was ruled in the High Court last week. In the pending action ICI claim that Berk have "passed off" propranolol tablets, on which the ICI patent is now exhausted.

Berk originally imported propranolol from Italy where there was no patent protection for drugs, it was stated. They now manufactured it in Britain under the name Berkolol. In their pending action, ICI complain that Berkolol was presented in their "get up," in size, shape and colour.

In its defence Berk sought to invoke article 86 of the Treaty of Rome, claiming that ICI were overcharging for the drug and were abusing their position as dominant patentees. But the judge, Vice-Chancellor Sir Robert Megarry, said he had been unable to discover anything in that aspect of Berk's defence which was arguable. On the application of ICI the judge struck out that part of Berk's defence which had sought to rely on the Treaty of Rome. ■

## Roy Leaver goes

Mr E. R. Leaver, director and secretary, of the National Association of Pharmaceutical Distributors is leaving the Association's employment on July 31. The offices at Sherwood House, Harrow, Middlesex, will be closed temporarily. Until a new appointment has been made, the affairs of the Association will be handled by the chairman, Mr D. W. S. Wright. In the interim, therefore, all correspondence, mailings etc, should be sent to: National Association of Pharmaceutical Distributors, (Attention: Mr D. W. S. Wright), c/o Macarthy's Ltd, Chesham House, Romford, Essex. ■

## Unichem seminar

The Unichem study seminar to be held in Tenerife October 28 to November 4 now has its full quota of applicants. All applicants should have received confirmation of their bookings and if not should get in touch with Mrs L. Shurley at Crown House. ■



# ABPI rejects part in BBC programme

The Association of the British Pharmaceutical Industry is refusing to take part in a BBC Radio 4 programme on NHS expenditure on pharmaceutical products.

The Association was invited to participate in the preparation of the programme—to be broadcast on Tuesday July 29 at 7.20 pm and entitled "Prescription for Bankruptcy?"—but has declined to do so for reasons that it has set out in a letter to the producer of the programme, a copy of which has also been sent to the BBC's director-general.

The letter says the general policy of the Association is to collaborate with the media when invited to do so. "In this particular case, however, the production team is one with whom we have had previous dealings in the making of a two-part programme, 'In sickness, or in wealth'." This programme, the ABPI claims presented a biased and emotive picture of alleged exploitation of the Third World by the industry.

"In spite of lengthy and, as it proved, time-wasting correspondence with the director-general and his deputy complaining about the programme, no redress was forthcoming. The director of ABPI pointed out in a letter to the BBC at the time that there should be no surprise if co-operation in the future was less readily given.

"The present programme, in view of its title, 'Prescription for Bankruptcy?' and the proposed *Radio Times* synopsis, is clearly intended to show that this country's drugs bill is excessive. As you would already appear to have made up your mind on the issue no contribution from us will be allowed to affect this conclusion. In view of our past experience, we cannot expect a fair and unbiased treatment of the subject and for this reason we are not willing to collaborate."

For the "record," ABPI append some facts which, "in the interests of balance," they hope the BBC will present.

1. As a percentage of total NHS costs, expenditure on drugs (including the cost of distribution and dispensing) has remained nearly constant over the past 15 years at between 8 and 9.5 per cent falling from 9.3 per cent in 1978 to 9.0 per cent in 1979.

2. The average cost of a prescription is now nearly £3 compared with the cost of an average stay in hospital of



"About this fresh breath mouth wash you sold me . . ."

over £300. An average of 5.6p a day is spent on medicines (including distribution and dispensing costs) compared with 19p a day on tobacco and 37p a day on alcohol.

3. It now takes 10-12 years to place a new medicine on the market and estimates suggest that the total cost of research and development is in the order of £50m a product.

4. The British pharmaceutical industry will, in 1980, contribute an export "surplus" of almost £500 million, largely as a result of selling original branded medicines in highly competitive overseas markets. "Moves that would militate against the use of branded medicines in the home market would adversely affect these export earnings to the detriment of the innovative research-based companies, those who work in them, patients and taxpayers."

5. The suggestion that the doctor's freedom to prescribe is a "luxury" that the nation cannot afford implies that patients receive too much medication. Compared with other developed countries, annual per capita expenditure on medicines in the UK is £19.7 whereas in France it is £60 and in Germany £70 ■

## Heating limit cut by one degree

The maximum heating limit in non-domestic buildings is to be reduced to 19°C from 20°C as from October 1.

Mr John Moore, Under Secretary for Energy, said this could save some one million tonnes of oil a year, when he announced the measure in answer to a Commons question this week.

The new limit will apply to offices, shops, factories and public buildings with some exceptions. Among those exempt will be those used for housing people over 60 or children under five, or those who are ill, disabled, infirm or pregnant. Certain industrial, agricultural and food preparation processes will also be exempt. ■

## Pharmacy loses to health centre

Stowmarket, Suffolk, is to lose one of its multiple pharmacies on August 9 following the setting up of a health centre pharmacy.

A statement issued by Savory & Moore says that the viability of the pharmacies in Stowmarket has been in question since the local Family Practitioner Committee agreed to the setting up of a health centre pharmacy.

"The premises for the pharmacy have now been completed and fitting out is in progress with, we understand, an early autumn opening intended. It is anticipated that following the opening of the health centre pharmacy the majority of the present Stowmarket dispensing will take place there.

"Although the three Stowmarket pharmacies were offered shares in the running of this establishment, this unfortunately does not cover the cost of employing a pharmacist and trained technical staff in the health centre as well as a pharmacist in each of three retail establishments in the town where these qualified personnel would be required to supervise the sale of medicines within the pharmacy departments of these retail establishments.

"Savory & Moore regret that it would be uneconomic for them to continue in business in the town if they employed a pharmacist, and have no wish to pursue their business through a non-pharmaceutical outlet.

"At the time the health centre pharmacy was proposed the committee concerned was reminded that this would severely affect the viability of the town's pharmacies. This could severely restrict the consumer's choice in the range of medicines and other pharmaceutical products available, especially at a time when because of the increase in patient prescription charges, the public are turning to more purchases of medicines for the treatment of minor ailments." ■



# Increasing number of women make pharmacy a career

The numbers of women in pharmacy grew by 19 per cent during the sixties and early seventies, according to a study published in the World Health Organisation's quarterly statistical report (volume 32, no 2). By the seventies, 72 per cent of all pharmacists in socialist states and 43 per cent in non-socialist countries were women.

The study was based on statistics from 15 countries, mainly European but also Canada, the USA, Japan, Korea and Thailand. The growth rate for women pharmacists varied from Finland's 4.8 per cent (3,128 to 3,957) to Canada's 75 per cent (973 to 2,170).

No statistics are given for the UK other than Northern Ireland where the growth fell 1.1 per cent during 1961/71.

Although the numbers and proportion of women in medicine and dentistry also increased, pharmacy was the career preferred by most women. The report tentatively suggests that one reason for the increased proportion of women entering these professions could be that, in some countries, men have been put off by "lowered social prestige" or "lower earnings than in other professions."

## Rising costs of salesmen mitigated by administration savings

Keeping a salesman on the road now costs over £16,000 a year, according to the latest survey carried out by Sales Force Ltd in conjunction with the *Financial Times*.

In the 12 months of the 1979-80 survey—which covers a broad cross section of consumer goods companies—there was an overall cost increase of 15.9 per cent. However, this average was made up of a number of items showing substantial increases whilst others either showed decreases or a stable position.

### Administration savings

"Broadly speaking," says Rudolph Goldsmith, Sales Force's chairman, "higher than average increases in field costs, and in the cost of financing motor cars, have been mitigated by

savings in the cost of administration".

A recruitment cost increase of 39 per cent (to £159) was only partly due to higher advertising rates. Many companies complained of poor response rates, or interviews made but not kept, and of successful applicants failing to report for work or rapidly dropping out. The growing tendency to hire contract salesmen for territory relief—to avoid making unsatisfactory appointments in haste—reflects this situation.

Remuneration increased by 19 per cent to £7,170 closely reflecting price inflation, but the total running costs of cars (£1,735 pa) represented a 31.5 per cent increase on the previous year (compared with a 16.7 per cent increase reported in the 1978 survey). The major part of this change is blamed on loss of interest on capital.

The increase of only 11 per cent on total expenses to £2,741 compares

favourably with the increase of 17 per cent reported a year ago. "No ready explanation is available other than that companies appear to have become tougher in what they permit to be claimed."

Sales managers' costs per salesman (£868) have continued to rise faster than the rate of inflation, but not as badly as last year—21 per cent up as against 32 per cent 12 months ago. Area managers' costs (£1,975) rose 17 per cent in 1979, compared with 22 per cent in 1978.

Wages calculation, sales analysis and training all appear, on average, to be costing companies less and once again secretarial, stationery, etc rose by very little.

## Working week costs

The average salesman in the survey spent 44 weeks in the field in 1979, resulting in an inclusive cost of £368 per salesman per working week. The cost of a Sales Force contract salesman working from home was £220 in 1979 and is now £272. The cost increase for both direct employment and contract services was approximately £40 per man week comparing 1979 with 1978.

Mr Goldsmith concludes: "Savings appear to have been made by many companies in the cost of administration. Even though this accounts for only 10.5 per cent of the average weekly costs, companies would be well advised to re-examine this overhead element as quite different economies are being achieved by companies with similar forces in near identical trading areas.

"Inevitably, with falling percentages of overheads to rapidly rising field costs, many companies will again have to look carefully at the overall costs of directly employing a large permanent sales force throughout the year rather than employing an essential nucleus supplemented by contract teams deployed during peak opportunity periods only—eg spring and autumn or, say, to maximise sales support for new product launches. ■



Mr J. Mills, MPS of Dawlish, Devon being presented with the Mini he won in an April competition run by Sangers Pharmaceuticals and sponsored by Johnson & Johnson. The presentation took place by the first floor swimming pool at the Grand Hotel, Torquay and the Mini was lifted into position by crane. Pictured from left to right: Mr J. Ramsay, Sangers commercial director, Mr D. Smith, Sangers managing director, Mrs Mills, Mr Mills MPS; and Mr B. Templeman, general sales manager, Johnson & Johnson



# WHAT DOES PROBLEM DANDRUFF TURN TO?

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All you have to do is turn to our special trade promotions. They'll help you cope with the demand. Tegrin. The medical solution to dandruff.





# BOOKS

## The Pill

Dr John Guillebaud. *Oxford University Press*, Walton Street, Oxford OX2 6DP. Pp252. 7in x 4½in. £1.95.

Dr Guillebaud believes that although doctors can offer advice on contraception, the woman (or couple) should make the decisions. This book is written primarily for women either thinking of, or already taking, the contraceptive pill.

The book can be read at various depths—by looking at the section on “100 questions everyone asks about the pill” or by studying each chapter. The former section gives brief and simple answers with reference to page numbers for a more detailed account. Topics covered in the rest of the book are: the pharmacology of the pill, which explains the hormones involved in the menstrual cycle and pregnancy; instructions on how to take the pill, including advice on missed pills and other circumstances which might decrease contraceptive protection, and side effects, both harmful and beneficial, including a major section on circulatory disorders. This is followed by “The

pill in perspective” and then an outline of the absolute and relative contraindications to oral contraceptives.

The triphasic oral contraceptives are mentioned but unfortunately, because of the time factor in publishing, very little information is given about them. However, this omission should not detract from the overall quality of information given. Dr Guillebaud's book will no doubt be welcomed both by women who take the pill and by any health-care professionals who prescribe, dispense or give advice about it.

■ There is a possibility that the book could be sold from pharmacies and ordered from wholesalers ■

## The Pepperers, Spicers and Apothecaries of London during the 13th and 14th Centuries

Leslie G. Matthews. *The Society of London*, Apothecaries Hall, Black Friars Lane, London, EC4V 6EJ. Pp 63. 8¼ x 6in. £1.50.

Relentless and assiduous research is gradually yielding more information concerning the pepperers, spicers and apothecaries. In his latest work Leslie Matthews has concentrated on the 13th and 14th centuries, providing not only a general account of the trading and social activities of the pepperers, spicers and apothecaries, but also biographical notes relating to the London members

of those guilds who “have been traced as active during the two centuries 1200 to 1400”.

The author is well known for his careful work, which is again evident in this publication—though there are some unfortunate spelling errors. He has produced a fascinating account that will be enjoyed by those who have an interest in the origins of modern pharmacy.

The biographical notes of some 260 individuals contain details that inevitably lead one to muse upon the final outcome. There is a reference to a pepperer “addicted to playing knuckle-bones at night”. Another who required “ten thousand masses to be said in various religious houses”. There is mention of a bequest of one penny each to prisoners in Newgate and of a pepperer who paid £20 to be excused a knighthood by Richard II!

Was Imania, the second wife of John Enefeld, satisfied with the bequest of “40 pounds and all the merchandise in his shop in Cheap and his household goods and his dwelling house” as dower? If she were not satisfied she was to take “what the law allowed”.

However, serious historians will use this work as a source book and will be grateful to Leslie Matthews for his research and for providing a series of invaluable reference lists. *A.W.* ■

# Carnation Competition Results



**D.F Walls**  
**492**  
**words!**

An enormous entry for our word competition. Congratulations for effort to all concerned! Quite a number of competitors submitted many more words than the eventual winners. However, (unfortunately for them), they included many words which were inadmissible under Rule 4 (abbreviations, prefixes, suffixes, plurals, proper names etc.) and numerous duplications. The Judges are now pleased to announce the following prizewinners:

**1st Prize** Six days holiday in Paris for two.  
Mr DF Walls Kelvin Pharmacy 151 Hyndland Road Glasgow G12

**Runner-up Prizes**—3 Combination Digital Alarm Clock & Hi Intensity Lamps.

Mr CW Frater John H Frater 23-24 Bank Street  
Galashiels TD1 1EW

J Russell CW Waddington Ltd 115 Saffron Drive Allerton  
Bradford W Yorks

Maura Tully Tully's Pharmacy Main Street Castlereagh  
Co. Roscommon Eire

**Consolation Prizes**—10 Papermate 'Talisman' Ball pens

Mary Desmond R Gordon Drummond Ltd 5 The Green  
Kings Norton Birmingham 38

Elizabeth McCall RW McConnell & Son 27 Mauchline Road  
Hurlford Ayrshire

Hilda Mitchell Park Road Pharmacy 293 Great Western Road  
Glasgow G4 9HY

JE Bancroft JE Bancroft MPS 7 Bank Street Aberfeldy  
Perthshire PH15 2BB

Mrs F Greig IM Mackenzie 2 Abbotswell Crescent  
Aberdeen AB1 5AR

Mrs J Dowe CAE Spriggs Pharmacy 3 Brook Street Stotford  
Hitchin Herts

Mr MA Sherman Fellowes Dispensing Chemist 182 Ealing Road  
Wembley Middx

Mrs K Phethean N Phethean Chemists 12 High Street  
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Southampton

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English Dictionary, and Cuxson, Gerrard & Co. (Dressings) Ltd.

**Carnation Corn Caps** CUXSON, GERRARD & CO (DRESSINGS) LTD., OLDBURY, WARLEY, WEST MIDLANDS B69 1BR.



## Revised payments for oxygen therapy service

Details of the increases (approximately 30 per cent) in oxygen therapy service remuneration were reported to the Pharmaceutical Services Negotiating Committee at this month's meeting.

Set rental goes up to £1.45 per month and stand rental to £0.35p. The new scale of professional fees is as follows:—

the British National Formulary (to be published later this year or early in 1981) be prescribable in bulk by general practitioners. The Committee rejected extension of the bulk prescribing provisions and decided that a letter be sent to the Minister of Health, expressing concern and emphasising that the matter is one for direct negotiation

Tariff section	0-3 miles	over 3-5 miles	over 5-10 miles	over 10 miles
i a	680	960	1062	1424
b	830	1110	1212	1574
c	980	1260	1362	1724
ii a	611	894	994	1357
b	761	1044	1144	1507
c	911	1194	1294	1657
iii	611	894	994	1357
		<b>Resident</b>	<b>Non-resident</b>	
iv a	set and cylinders	327 p (248p)	327 p (248p)	
	cylinders only	293 (223p)	293 (223p)	
	masks only	3 (3p)	3 (3p)	
b i	set and cylinders	427 (348p)	527 (448p)	
	cylinders only	393 (323p)	493 (423p)	
	masks only	103 (103p)	203 (203p)	
ii	set and cylinders	552 (473p)	727 (648p)	
	cylinders only	518 (448p)	693 (623p)	
	masks only	228 (228p)	403 (403p)	
c	set and cylinders	552 (473p)	727 (648p)	
	cylinders only	518 (448p)	693 (623p)	
	masks only	228 (228p)	403 (403p)	

■ **NHS remuneration.** The vast majority of comments from LPCs and individual contractors endorsed the Committee's acceptance of the Franks panel "package". A meeting is to be arranged between PSNC and the DHSS to consider administrative arrangements for payment of the Basic Practice Allowance and the appeals procedures. The BPA will be paid to contractors as a separate item, invoiced on Form FP34B at the rate of one-twelfth of £2,000 per month in arrears. The effective date for implementation is July 1 and it is anticipated that an appropriate adjustment will be made to contractors' accounts on the first month of payment.

■ **Wholesaler discounting.** The committee advises pharmacist contractors to support wholesalers not surcharging. An urgent meeting with the DHSS is being sought.

■ **Bulk prescribing.** The committee considered a letter from the Department of Health, suggesting that all products contained in the new revised version of

between the PSNC and DHSS and that arbitrary extension cannot be accepted.

■ **Rota service.** The Committee approved the draft HN and FPN on minimum hours of service and rota service. These will allow payment for rota service from 5.30 pm where the Hours of Service Scheme approved by the FPC permits the closing of the pharmacy at that time. Payment will not be made for more than an hour's rota service on any one day.

The second paragraph of Part IX of the 1980 Drug Tariff will be amended with effect from June 1, 1980, to read: "No payment shall be made for any period of rota service occurring between 9.00 am and 1.00 pm on early closing days or between 9.00 am and 6.00 pm (or 5.30 pm where the Hours of Service Scheme approved by the FPC permits the closing of the pharmacy at 5.30 pm) on other weekdays unless they are public holidays. Payment shall not be made for more than one hour's rota service on any one day."

■ **Annual report.** The Committee approved the draft annual report, which is expected to be circulated to pharmacist contractors during August.

■ **LPC conference.** The next conference will be held on Sunday, March 8, 1981, at the House of the Pharmaceutical Society, London SE1 7JN. Resolutions will be restricted to two per committee.

■ **Welsh Pricing Committee.** The PSNC representative on the Welsh Pricing Committee, Mrs M. Rawlings, reported her concern at the uncertainty surrounding the proposed computer pricing procedure for Wales. It was agreed that a meeting be arranged between the Welsh Office and representatives of the PSNC to clarify the position.

■ **Essential Small Pharmacies Scheme.** FPCs are sending out the FPN inviting applications under the Scheme. The DHSS had agreed that £10,000 be set aside for pharmacies where geographical difficulties apply but do not satisfy the distance criterion and a further £10,000 be budgeted for newly opened pharmacies.

The Committee learned of DHSS reservations about non-NHS turnover but agreed that the experimental exclusion of this criterion should continue for 1980. The DHSS wished to wait until a summary of applications is available before agreeing to a scale of payments, so ensuring that the £0.3m is fully used by not exceeded.

■ **Security of Controlled Drugs.** The Committee was informed by its representative, Mr B. Silverman, about a meeting held between Home Office representatives and representatives of interested professional groups. It was agreed that a meeting of pharmaceutical groups concerned in the security of Controlled Drugs be arranged before a response is made to the Home Office proposals ■

*The Care Call device, consisting of a weight sensor, alarm buzzer and beacon, and call button, is for the home nursing care of elderly or disabled patients. The weight sensor, when placed under the castor of the patient's bed, activates the alarm when the bed is vacated. Care Call is being supplied (£40 excluding VAT) by mail order only by the Seton Group, Medlock Street, Oldham.*





## Striking off follows pharmacy's conduct

### 'A potential hazard to the public'

The way a pharmacist was alleged to have run his pharmacy has led to the Pharmaceutical Society's Statutory Committee deciding that his name be removed from the Register.

The committee found that Mr Kenneth Victor Edwards' conduct of his former pharmacy at Milton Court, Ravenshead, Nottingham, had brought the profession into disrepute and caused a potential hazard to the public. The complaints were that much of the stock was out of date; there was considerable risk that medicinal products which had deteriorated might be sold, and conditions in the pharmacy, especially in the dispensary, were such that there was great risk of contamination of medicinal products.

Mr Josselyn Hill, for the Society, said the Committee had decided at a hearing in May that the complaints made by the Council of the Society had been fully established on the evidence. Mr Edwards had failed to attend and the committee had wanted to hear his explanation before reaching a decision.

Mr Edwards told the Committee he fell ill five years ago with a stress condition which worsened. He also had the problem of caring for his invalid mother, who had since died. He moved to Rhyl after selling the Nottingham premises and had been unable to work since. He said he had paid his registration regularly because he hoped eventually to return to pharmacy work on a part-time basis.

Committee chairman Sir Stanley Rees said they took the view that the danger to the public was such that if at the present time Mr Edwards were to carry out the work of a pharmacist, they would be failing in their duty to protect the public.

The Committee decided to take no action against a pharmacist who left his shop to go on an "errand of mercy", was stopped by police for speeding, and later convicted of allowing medicines to be sold in his absence.

Mr Stuart Cunningham, Lenzie, Kirkintilloch, had been convicted at

Glasgow sherriff's court of an offence under the Medicines Act and was admonished; his company, Stuart C. Cunningham Ltd, Cowgate, Kirkintilloch, was fined £25.

Mr Robert Mackay, a Society inspector, said he made a special visit to the pharmacy, and instructed an agent to ask for three pharmacy-only medicines, including Nightnurse. These were sold by a young woman assistant in the absence of a pharmacist. Mr Mackay said Mr Cunningham returned to the shop nearly two hours later and explained that one of his assistants had received a telephone call that her daughter had fallen off a swing in a playground. He had driven his assistant to the accident, about an hour's drive.

Mr Cunningham said he failed to instruct his assistants working in the shop not to sell pharmacy only medicines in his absence. He said: "I expected to be gone for about 1½ or 1¾ hours, but unfortunately on my return journey I was stopped for speeding by the police. This held me up for about half-an-hour, but the police let me go and there was no charge."

Mr Cunningham added that he had tried to contact the manager of his other shop at Baillieston, before he left Kirkintilloch, but it was closed. Since the incident he had separated all pharmacy-only medicines in the shop and had installed closed-circuit television to watch the drugs counter.

A 29-year-old Yorkshire pharmacist told the Committee he was no longer addicted to DF118 tablets.

Mr Robert Dunkley, Darfield, Barnsley, said he last saw a doctor about his condition in May 1979. "I am sure I have conquered it," he said. The Committee told him they would take no further action, having already suspended judgment for a year to give Mr Dunkley a chance to prove he was no longer addicted. In January 1979 Mr Dunkley had been put on 18 months probation by magistrates after being convicted of stealing a rubber stamp and using it to forge private prescriptions for the tablets.

Mr Hill said Mr Dunkley's troubles stemmed from a fall in which he dislocated a shoulder. He suffered a great deal of pain from the shoulder which frequently dislocated itself. He took DF118 tablets for relief and eventually became addicted to them. Mr Dunkley told the committee his shoulder had been cured after a successful operation. He had just completed a diploma course in librarianship and was now seeking a post as an information officer or librarian in the pharmaceutical industry.

The Committee reprimanded Mr John Brian Hurst for failing to segregate medicines containing Part I poisons from public access. Mr Hurst, a director and superintendent pharmacist of J. H. Hurst (Chemists) Ltd, High Street, Ripley, Derbyshire, admitted that he was fined £20 at Alfreton magistrates court in May 1979 for permitting the unlawful sale of Kwells.

The company was also fined a total of £120 and ordered to pay £120 costs for two similar offences involving the unsupervised sale of Kwells and kaolin and morphine mixture. Mr Hill said there were also allegations of misconduct relating to an unsupervised sale of Veganin tablets in January 1979 and in respect of his duties as a superintendent pharmacist.

Mr Hurst told the committee he had arranged for the liquid medicines to be segregated but not the solids at the time of the offences. The shop had been extensively altered and enlarged and dispensing was now carried out by himself, his father and another pharmacist. All pharmacy-only medicines were segregated behind a special counter. He disputed the evidence about the sale of Veganin because the shop was not open on the afternoon in question.

Committee chairman Sir Stanley Rees, said they had come to the conclusion there was substantial doubt about the unlawful sale of Veganin and they proposed to take no further action on that matter. However, in view of the warnings given as far back as 1977 about the need to segregate Part I poisons, the committee was issuing a reprimand to Mr Hurst but proposed to take no further action against the company.

The Committee admonished Mr Geoffrey Back, formerly of New Milton, Hants, who had been convicted in 1978, of two offences of consenting to or conniving in the unlawful sale of two pharmacy-only medicines or negligently failing to



prevent the sales at his shop.

The Committee had previously adjourned its decision for a year and at last week's hearing a Society inspector, Mrs Joy Wingfield, said Mr Back had closed his pharmacy at New Milton, and had registered new premises at Hythe where he was the only chemist and would be fulfilling a genuine need.

The chairman said the Committee had noted the favourable impression the case received when heard last year and in admonishing Mr Back, they wished him well in the future. A direction banning the use of premises at Webbs Road, Battersea, as a retail pharmacy, was revoked by the Committee. The ban was imposed in September 1978 when the shop was being run by a company called Naraine's of Battersea.

The Committee was told by Mr Harsadrai Patel, Underhill Road, London SE22, that he had entered into a ten-year lease for the property with the landlord, Mrs Mary Naraine. He had no connection with the previous business and was a pharmacist of 11 years' good standing. Mr Patel added that he at present had four other pharmacies in the London area.

An Isle of Wight pharmacist who informed the Committee he was unable to attend for health reasons, was given another chance to appear and "strongly invited" to do so. He had pleaded guilty at Newport Crown Court to charges arising from claims for payment for rota duty. ■

## Deaths

**O'Malley.** In hospital on July 17, Brian Jack Morgan O'Malley, FPS, London N14. Mr O'Malley was publications manager of the Pharmaceutical Society. He qualified as a chemist and druggist from Brighton in 1939 after an apprenticeship with the local Co-operative Society. He then joined Timothy Whites before being called up for war service in the Royal Army Medical Corps. After the war he entered pharmaceutical journalism as a sub-editor with *Chemist & Druggist*, moving to the *Alchemist* (later *Pharmacy Digest*) as editor in 1949. There he was also associated with the production of *Public Pharmacist* (later the *Journal of Hospital Pharmacy*) and the publications of the British Pharmaceutical Students' Association. Mr O'Malley was designated a Fellow of the Society in 1972 "for distinction in the profession of pharmacy."

The funeral is at St. Marylebone Crematorium, East Finchley, on Friday, July 25 at 3.30 pm. The family has asked that those attending should not wear mourning. By request no flowers, but donations may be sent to the Special Baby Care Unit, Victoria Maternity Hospital, Barnet (c/o Dr K. Norton).

# TOPICAL REFLECTIONS

By Xrayser

## Whither logic?

Each of us in smaller pharmacies must be disturbed by the roulette uncertainty introduced into our eventual profitability by notional pricing. I know it worries me, since in my one man shop I haven't time to work out the finer points of price—like which maker is only giving the wholesaler 10 per cent off list and on whose products I am being overcharged 6 per cent. I wouldn't call myself lazy either, but it would be a relief not to have to watch so closely in keeping the balance between major suppliers so as to get the best discount (?) from one without crippling surcharge from the others.

Against such a background, the appeal of the proposition that we lie back in the arms of the Church of Set Prices, is considerable. The appeal is re-enforced by an inherent distaste of cut-throat discounts offered by some direct suppliers of generics, and the giving away of "car stocks" by reps as a means of bribing us to dispense a brand on open scripts.

But if we let our apprehension at the results of the manufacturer-wholesaler war become confused with the entirely-unrelated promotional activity generic manufacturers direct at us, we may allow a false premise to lead us through to easy logic to the nationalisation of the entire industry.

"The price the NHS pays for a drug . . . should be the same whether brand or generic . . . it should be controlled by the DHSS . . . there should be no discounts . . ." said Mr Alan Poole last week. It sounds ideal, until you work out the implications of what is being said. It means rationalisation of manufacture and distribution, lowest possible price being the sole arbiter of judgment. Sharing of research facilities? I cannot believe that innovative research is likely to be the forté of a Government department devoted to saving public money!

Are we to be perpetually lumbered with the myth of huge dirty capitalistic profits? Unless there is a financial reward no one will invest in any business or industry, drugs being no exception. And since all profits and income, company or private are taxed by the Government, a £30 million saving to the NHS would be £30 million lost to the Inland Revenue. Furthermore, if only absolute manufacturing costs were to be charged by our drug companies not only would

they be driven from this country with the consequent loss of jobs, but the drop in national income through loss of profitable exports would be incalculable.

Disclosures from "within" of apparently excessive profits, particularly in the field of medicine, by a pharmacist innocently trying to save the taxpayers' money are assured of instant publicity. It makes good copy, even if it is based on too narrow a view to stand real examination. Governments are not naive and if it were felt that brand prices were too high the DHSS could always amend regulations so as to pay only a fair price for the generic, with the patient having to pay the difference for a specific proprietary product.

But let contracting pharmacists clear their minds—the difference in price between generic and branded products has never been our problem. It concerns the DHSS and the makers. Our problem is the difference in price between makers' list prices, on which the DHSS pays us, and the actual price we have to pay our wholesalers for the product, a figure which can vary from 16 per cent above list to perhaps 10 per cent below, depending on supplier and size of account. The variation and uncertainty are intolerable and demand attention.

## A busy life

A while ago an elderly patient asked me if I could possibly help by dropping into his home to sort out his wife's treatments. He was getting tottery, and as his answers to my questions didn't seem too sure, I called on my way home, there to find confusion—confusion about food, about home help and about the medicines.

I don't know if they were taking the tablets or not, because between them they had about 15 items, sleepers and wakers, wetters and dryers, regulators for all the bodily functions, with different intervals of administration. Eventually I set up a row of saucers on the sideboard, each labelled with the name of the drug and the times to be taken, instructed the old chap to put them out each morning and to work his way through.

But when you see a script with 17 items as reproduced in *C&D* last week, you can't help wondering what additional items will be needed soon. Something for the side effects?



## Tudor discount plus free film challenge mail order

A film-processing service "tailor-made for the customer who is not in a hurry and wants to save money", has been introduced by Tudor Photographic and will be announced to the consumer Press next week.

Known as Tudor Plus, the service will return films in one week but offer a 25 per cent discount and a free Tudorcolor film to every customer using it. In addition the customer will receive the usual free Tudor pocket album with every Tudorcolor film processed.

Tudor believe that the move will make them competitive to the point where they seriously challenge mail order as the least expensive way of having film processed. "Tudor Plus is certainly faster than the majority of mail order operations, which take up to 14 days to process a film . . . and that doesn't include the time it spends going to and fro in the post", they say.

The Tudor Photographic board claim "Plus" as a highly appropriate response to the effects of the recession and to the increasing pressures on retailer's margins. Says managing director Michael de Semlyen: "Tudor have always been solidly behind the independents in this business, and have



striven with them to give the consumer the best possible value for money. This new move will reinforce these twin ideals, and in addition will boost employment in our laboratories—a welcome reversal of the nationwide trend towards layoffs and redundancies in many other sectors of the economy". ■

## Napcolour consumer competition

Napcolour have mounted their annual consumer competition and they say that following the success of the photo service film range, they have decided to link this year's competition to their films as well as film developing.

The competition is in three parts and the first section consists of spotting the number of cameras in a picture of the dealer's shop-front. The second part lists eight benefits consumers derive from their photo service shop, five of which must be placed in order of importance. Finally, the sentence "I like photo service film because . . ." must be completed to act as a tie-breaker. Two free entries are allowed with every photo service film purchased and with every film developed and printed.

There are two first prizes of Talbot

Sunbeam cars, with 25 Kodak camera outfits for the runners-up. Every entrant will receive a 60p film processing voucher if their entry is accompanied by a stamped addressed envelope. The voucher can be used during October, November and December and the cost is borne by Napcolour. A Paris holiday for two in four star hotel awaits the dealers serving the first prize winners. *Napcolour Laboratories Ltd, London Bridge Street, Chester.* ■

## Sadra hair products

Henna Hair Health have introduced a range of natural hair products called Sadra based on the leaves of the Sadr tree. The range comprises a treatment powder (£1.25), natural treatment shampoo (£1.20) and vegetable clear rinse conditioner (£1.25). *Henna Hair Health Ltd, Classic House, 174 Old Street, London EC1V 9BP.* ■

## Avoca range extension

Five new products have been added to the range offered by sundries manufacturers Avoca.

The first is a breast reliever with clear polycarbonate reservoir and 60ml pvc bulb, packed in a carton with instructions. Then there are emery boards in four sizes, available in bulk, in bundles of six, on showcards of ten bundles, or single bundles on card. The third item is a plastic eye loop, packed in tens for industrial first-aid in the removal of foreign bodies.

Two additions said to comply with the Drug Tariff are fingercots, latex rolled in three sizes and packed in tens and 100s, and occlusive dressings, made from polythene, in sizes for arm, leg, foot and torso, in packs of ten.

Avoca remind pharmacists that they still manufacture silver nitrate in the form of caustic pencils, points and applicators. To help promote distribution, they have reverted to their pre-war discount structure for wholesalers. *Avoca Pharmaceutical Products Ltd, Clanfield Mill, Little Clanfield, Oxfordshire OX8 2RQ.* ■

## ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Anadin:	All areas
Balance:	M, Lc, Y, NE
Body Mist:	All areas
Clearasil Clearguard cream:	Ln, M, Lc, Y, So, NE
Crest:	All except U, B, G, E
Dixcel:	M, So, A
Fabergé body sprays:	All areas
Fresh 'n Clean:	M, Lc, So, NE
Head & Shoulders:	All except E
Odor Eaters:	All areas
Oil of Ulay:	Ln, Y
Reply:	So
Scholl:	Lc
Sine-off:	Ln
Sunsilk hairspray:	All areas
Sure deodorant:	All areas
Slimgard:	E, CI
Zest toilet soap:	M, Lc, Sc



## Cie goes national after London test

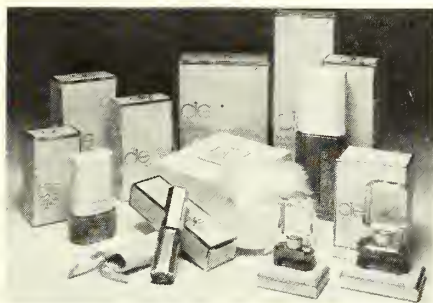
Shulton are to launch their new American fragrance Cie nationally in September. The fragrance has been on test in London since Christmas 1979 and is described by Ray Simons, director of the Shulton fragrance division, as "an enormous success".

The company claims that of the 15 fragrance launches while Cie was on test it proved to be the sales leader.

The female fragrance market in the UK is categorised by Shulton into three sectors—classic French with a 23 per cent share, traditional with around 34 per cent and contemporary lifestyle with 43 per cent. This last sector which Shulton believe to be the growth area, led to the creation of Cie. The fragrance has been devised for the middle market as a lifestyle brand.

Personified by Candice Bergen in POS material and in a television advertising campaign worth £410,000 that begins December 1, Cie comes in cream and gold packaging.

The fragrance is described as an unusual blend of florals with crisp notes of greens, woods and warm



spices and top notes of rose, jasmine, ylang ylang, patchouli, vetiver and sandalwood.

One-and-a-half-million sachets of perfume impregnated tissues will be distributed through women's interest magazines as part of the launch and an introductory offer of a purse cologne spray atomiser will be available (£1.95).

The range comprises concentrated cologne spray (30ml, £3.30), purse perfume atomiser (£6.20), body powder (£6.60), cologne (120ml, £4.60), talcum powder (100g, £1.75) and perfume (7.5ml, £8.70; 15ml, £14.80). *Shulton (GB) Ltd, Trevor House, Brompton Road, London SW3 1EW.* ■

## P-D products to go, Abidec pack change

Parke-Davis have discontinued Benylets and Parker's cough linctus because, according to a spokesman, they "have not met expectations." The company is investigating "other possibilities in this area" for future development. All orders for these products have been cancelled.

To maintain the optimum vitamin content of Abidec drops the 50ml pack is now being supplied as 2x25ml bottles with two graduated droppers. The price structure remains unaltered. *Parke-Davis & Co, Usk Road, Pontypool, Gwent.* ■

## Fresh & Dry bonus

An offer of 25 per cent extra free is currently running on the 190g Fresh & Dry aerosol and 40 per cent on the 28ml roll-on. Prices remain the same. *Bristol-Myers Co Ltd, Station Road, Langley, Slough SL3 6EB.* ■

## Aziza correction

The total eye make-up market spend for 1979 was £1,120,000 and £606,000 in the first six months of 1980 and not as stated last week (*C&D* p83). *Prince Matchabelli, Victoria Road, London.* ■

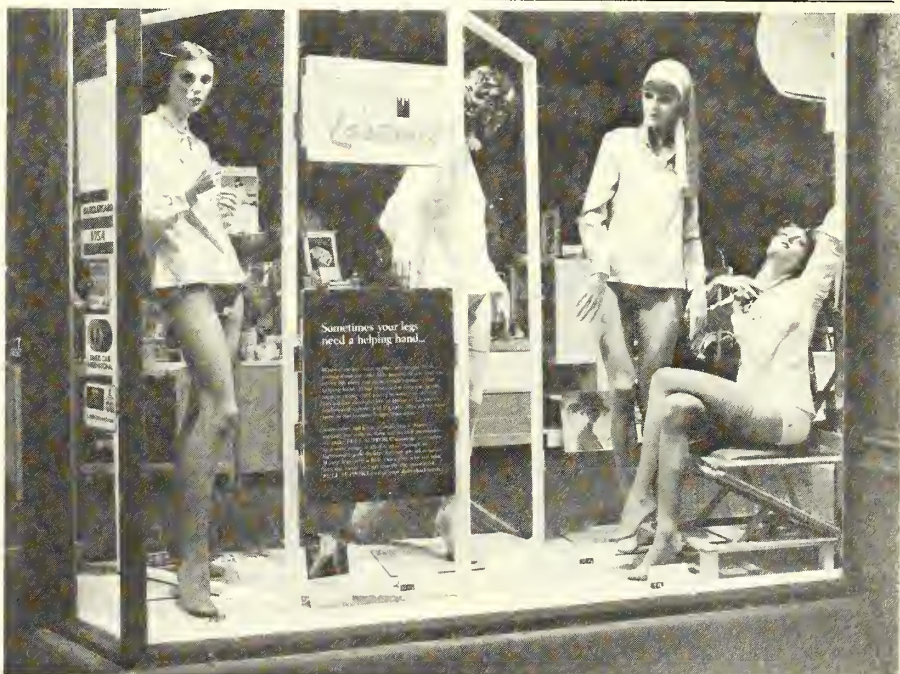
## Lastonet display

At the invitation of John Bell & Croyden, Lastonet recently displayed a selection of surgical hosiery and support tights at their premises in Wigmore Street, London W1.

Mr J. C. Malyon, FBIST—manager of JB&C's appliance department, reported a significant increase in sales both during and after the display. His first reaction to the use of sophisticated fashion models and techniques in presenting surgical support hosiery was one of surprise, but Mr Malyon admitted that it was effective in demonstrating that modern manufacturing methods allow the fashion and therapeutic requirements of support hosiery to be considered.

Lastonet say they can make display trunks and/or legs available to chemists together with samples of hosiery and a supply of supporting sales material. "This," they suggest, "can be a very effective way of dispelling some of the fears felt by patients faced with the prospect of surgical and support hosiery for the first

time by indicating the wide range of garments and styles available to them through their local pharmacist." *House of Lastonet, Redruth, Cornwall.* ■





## Vitapointe conditioner and setting lotion

Vitapointe are launching Set & Shine, a conditioning setting lotion for dry or out-of-condition hair.

Cynthia Pease, senior product manager at Ashe Laboratories says "We looked at the performance of existing products on the market and reached the conclusion that they had a tendency to leave the hair looking dull.

As our main target group is those consumers with a tendency towards dry, dull hair, it was imperative that we should develop a product that would give the hair a soft natural shine. Set & Shine does just this. It will also complement the other products in the current Vitapointe

range, particularly Vitapointe conditioner, and strengthen our base as specialists in this area."

Coming in 80ml bottles (£0.70), the pack design for Set & Shine follows the Vitapointe range style. A national television campaign for Vitapointe is scheduled to run from mid-August to the end of September. The promotions will run during the launch period.

A free 20ml vial of Set & Shine will be offered with a 26g Vitapointe conditioner for the first promotion and introductory packs of Set & Shine will be flashed "10p off normal price".

*Ashe Laboratories Ltd, Kingston Road, Leatherhead, Surrey.* ■



## PRESCRIPTION SPECIALITIES

### New generics from Evans

Evans Medical are moving into the highly-competitive generics market for diazepam, nitrazepam and indomethacin.

The following will be in their range from July 28: Diazepam tablets white (2mg £2.20 x 500; £4.00 x 1,000); pale yellow (5mg £2.90 x 500; £5.40 x 1,000); pale blue (10mg £5.00 x 500). Nitrazepam tablets white (5mg £5.40 x 500). Indomethacin capsules pale yellow (25mg £16.16 x 500; 50mg £6.43 x 100). Indomethacin suppositories (10mg £1.45 x 10). *Evans Medical Ltd, Greenford Road, Greenford, Middlesex UB6 0HE.* ■

### CCNU strength

From August 1, CCNU Lundbeck will be available in a new strength of 20 x 10mg (£7.25 trade), while the current pack of 50 x 40mg is being replaced by one of 20 x 40mg (£21.74). Both are in Securitainers. CCNU continues to be available only to hospitals with experience in cancer chemotherapy. *Lundbeck Ltd, Hastings Street, Luton, Bedfordshire LU1 5BE.* ■

### Stadol 4mg

Mead Johnson have introduced a 4mg in 2ml single-use vial of Stadol (butorphanol tartrate) to offer dosage flexibility in the treatment of severe pain in hospitalised patients. The new strength is in cartons of 25 (£19.12 trade). *Mead Johnson division, Bristol Laboratories, Langley, Bucks.* ■

### Vigranon-B syrup

Wallace (Manufacturing Chemists) Ltd are marketing Vigranon-B syrup (150ml, £0.71 trade) containing B vitamins. Full details next week. *Distributors Farillon Ltd, Bryant Avenue, Romford RM3 0PJ.* ■

### Six-language calendar packs

Ciba have introduced 28-day calendar packs for Rimactazid 150 and 300 tablets with patient instructions in the major immigrant languages.

The company points out that English is not the mother tongue for one in every three new patients with tuberculosis notified in the UK, and this may lead to non-compliance with treatment.

Each carton contains four foils with the days of the week marked in English, Gujarati, Vietnamese and Punjabi.

Dosage instructions are given on the reverse of each foil in English, Gujarati, Punjabi, Vietnamese, Chinese and Urdu. "Easy-to-follow" diagrams are given in the leaflet contained in the carton.

Rimactazid 150 calendar pack contains 84 tablets (£20.02 trade) and Rimactazid 300 56 tablets (£26.46). Both are also available in Securitainers of 100. *Ciba Laboratories, Horsham, West Sussex, RH12 4AB.* ■

### Lopresor injection

Geigy Pharmaceuticals have introduced Lopresor injection containing 5mg metoprolol in 5ml, for disturbances of cardiac rhythm. The product is available free to hospital medical personnel only. It is not available to wholesale or retail pharmacists but can be obtained by hospital pharmacists direct from *Geigy Pharmaceuticals, Horsham, West Sussex.* ■

### Cosalgesic marking

Cox Continental Ltd have changed the marking of Cosalgesic tablets. All future batches will be marked "COX" on one face and "CC" on the other. The change from the original marking "CG" on one face only will take place in two stages; some tablets will be supplied marked "CC" only for a short period. *Cox Continental Ltd, Rustington, West Sussex.* ■



# Margins squeezed?

## Here's an ideal sales tonic

At a time when profit margins are being squeezed, now's the time to promote Pharmaton Capsules, the Swiss product containing vitamins, minerals and G 115 standardised Ginseng extract.

Isn't it time you launched a Pharmaton Capsules promotion to boost sales? Already scores of chemists have achieved terrific results with an effective display of one of Europe's top products.

- Pharmacy Only Product
- Exclusive Swiss Formula
- Strong Advertising Support

## STOP PRESS

BRITISH OLYMPIC CYCLING TEAM SUPPLIED WITH PHARMATON CAPSULES FOR MOSCOW.

PRE-RETIREMENT ASSOCIATION SUPERBRAIN CONTEST SPONSORED BY PHARMATON CAPSULES

EXCITING LONDON TUBE POSTER CAMPAIGN CREATES BIG DEMAND.

NEW SCIENTIFIC EVIDENCE TO SUPPORT CLAIMS FOR PHARMATON G 115 STANDARDISED GINSENG EXTRACT

## BONUS DEALS

August 1st price increase

All wholesalers should be offering special bonus deals during August, so take advantage of these special offers.

## POINT-OF-SALE MATERIAL

Have you seen the excellent range of p.o.s. material? Giant display capsule boxes, showcards, booklets, leaflets – all designed to help you sell.

Contact Pharmagen Ltd.  
(Tel. 092 85 72816)  
for more information.

The Swiss combination of vitamins, minerals and G 115 Ginseng standardised extract.

# Pharmaton Capsules







# 6 MILLION TO STOCK

Did you know that there are over 6 million people who suffer with varicose veins? That means there's a big market for elastic hosiery.

Obviously, it'll come as no surprise that medical trials have further demonstrated the effectiveness of graduated compression in Scholl elastic hosiery. So, Scholl are intensifying their medical promotions amongst general practitioners.

What's more, special Scholl medical representatives will be participating in exhibitions from Edinburgh to Plymouth, virtually every week throughout the year to promote the hosiery range to the medical profession.

You'll start seeing many more prescriptions for Scholl Hosiery so now is the time to





# REASONS SCHOLL.

have a chat with your Scholl representative about the complete hosiery range. You'll be surprised just how much he can help you maximise your hosiery profits.

For more information, simply fill in the coupon below.



**The people who know Compression Hosiery**



Scholl (UK) Ltd, 182-204 St. John Street, London EC1P 1DH.

Please arrange for the Scholl representative to call and discuss Hosiery with me.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Please return to: Customer Services  
Department Scholl (UK) Ltd,  
182-204 St. John Street,  
London EC1P 1DH. Or call  
01-253 2030.



# The Tablets They Keep Taking



The Denture Cleaner market is worth a hefty £16 million at RSP.

Steradent products have by far and away the biggest slice of the business.

And with £1 million being spent on advertising in 1980 we'll make sure that slice is even bigger.

Steradent Tablets have the biggest chunk of the biggest slice—with 35%\* brand share.

So make sure you've got the tablets — so they can keep on taking them — from you!

\*Independent Research



## Reckitt Dental Products-The Specialists.



## Ten-year report: Attitudes improved, but could do better

This year marks the centenary of the British Dental Association and is, therefore, a most appropriate time to look at the health of the Nation's teeth.

Unfortunately, not all is well according to the recently published government-sponsored survey of dental health (see later). Although not all the news is dim and attitudes towards oral hygiene seem to be changing for the better, there has been only a slight drop in the amount of dental decay in England and Wales in the 10 years between 1968 and 1978. In the North of England for example, 33 per cent of all adults have *none* of their own teeth.

Preventive, rather than repair dentistry, has long and often been hailed as the answer to our dental problems and Mr Jenkin reiterated this theme to the BDA centenary audience. Some weight has perhaps been put behind the thought this time with the establishment of a strategy review group to formulate a preventive policy, but we shall have to wait until next Spring before we see any conclusions forthcoming.

*Early toothbrushes and floss from Addis, who are also celebrating their double centenary this year*

Although some 95 per cent of all toothpaste sold in the UK now contain fluoride in some shape or form, the case for fluoridation of the water supply has been strongly backed at the BDA conference by Mr Jenkin and Dr Horowitz, chief dental officer in the US.

### NOP survey

An NOP survey has also found that most people think fluoridation a positive step forward in oral health—an indication is thus given of at least one path the review group must obviously consider.

Despite the current general ill-health of British teeth the major companies involved in this field are optimistic for the market in the light of growing public awareness that caries can be prevented. But who will get any extra business generated in the enormous toothpaste market will not be open to question if many independent's adopt the approach of a London proprietor reported in the

*Guardian* earlier this year: "The chemist had three sizes of Gibbs SR on special offer. Yet while I was in the shop, these prices were changed from 35p to 39p, 50p to 56p, and 61p to 69p—apparently because the supplier had altered his prices. A "special price" tube of Ultrabrite was selling at 51p immediately next to an identical tube of Ultrabrite on special offer at 61p—five minutes later the 61p tube was marked up to 69p. And two same sized tubes of Emoform were priced at 77p and 89p."

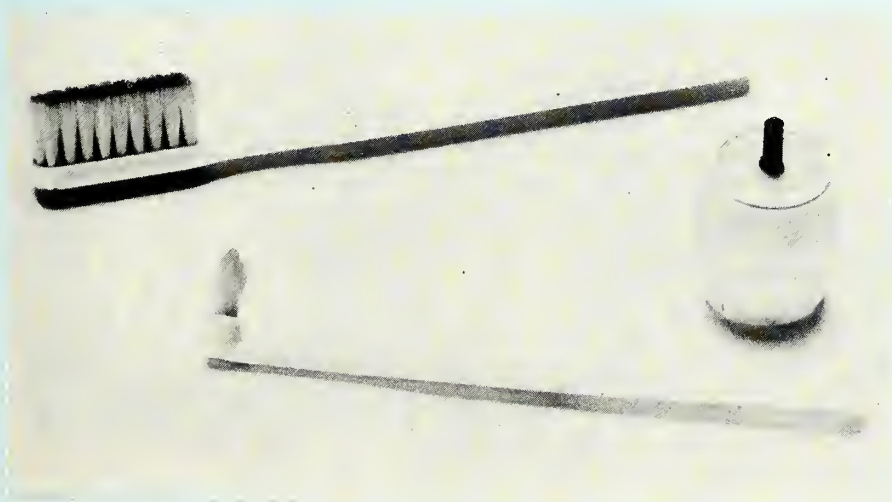
## Prevention not cure: Jenkin

The emphasis in NHS dental policy should be switched from repair to prevention, according to Mr Patrick Jenkin, Secretary for Social Services. He announced that a committee called the Dental Strategy Review Group would be set up to look at dental health policy and, in particular, at disease prevention.

Mr Jenkin was speaking at the British Dental Association's centenary luncheon and referred to the Adult Dental Health Survey (see later). Although there had been considerable improvement since the previous survey, it showed, he said, that nearly one-third of adults in Britain had not a single tooth of their own. "To a profession which spends a lifetime cleaning up and repairing the nation's mouths, these figures will come as no surprise," he said. "As a layman, I find them quite appalling." The progress made was largely due to improved techniques for restoring diseased teeth and to better education on oral hygiene, he stated.

The chairman of the Review Group would be George Gibb, chief dental officer, Department of Health. Mr Jenkin said he hoped the Review Group would report to him by next spring. Many of the questions were already known and the answers were needed, he said. For instance, how could the system be changed so that dentists continued to care for their patients after they were made dentally fit. This was implicit in a prevention strategy, he said.

Mr Jenkin also referred to fluoridation. "All wise men know that it is by far the most effective way of preventing dental caries in the young," he said. "Almost all wise men know that it has been pronounced safe by the most eminent medical and dental experts in the world".





## Paste market growth likely to continue

The populace of the UK are expected to spend £70 million on toothpaste during 1980, according to both Colgate-Palmolive and Beecham; the latter estimating 30 per cent of sales through chemists.

Elida Gibbs are even more optimistic, adding a further £5m to the estimate. Perhaps, more importantly, all see this huge market continuing to expand—as currently only some 30 per cent of people in the UK brush their teeth once a day—and a number of the major brands have, or are, relaunching their products in an effort to maintain, and if possible increase, their brand shares. Already this year the two biggest brands—Colgate Dental Cream and Macleans—have been relaunched and Colgate estimate an expansion of the

total market by 4 per cent due to the combined campaigns.

Colgate's subtle repackaging and new formulation arrived last February, promising added protection against decay with the addition of a second fluoride—sodium fluoride—and a £1.2m advertising spend on television and in the women's Press, plus "full trade support". Colgate now claim a 7 per cent lead over their nearest competitor—Macleans Fluoride.

Beecham say Colgate and Macleans with independent consumer audits

hold some 45 per cent of the market giving their product, Macleans, a 22 per cent share this spring after a heavyweight promotional campaign.

Further down the market, Beecham isolate five other "master brands"—Aquafresh, Signal, Crest, Gibbs SR and Ultrabrite—each holding a market share of between 7 and 10 per cent. All seven "master brands" account for approximately 85 per cent of total UK sales worth £70m at rsp. The remaining 15 per cent is held by other brands and specialist products, together with some "own label".

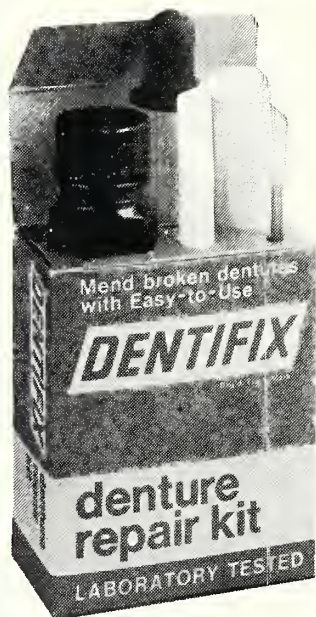
Macleans, Beecham's "first division" master brand, was relaunched earlier this year with "a new formula providing two outstanding therapeutic benefits". The first of these is a "fluoride improver"—calcium glycerophosphate—but Beecham's say that more important is the "balanced calcium base" which gives Macleans a capacity for plaque control.

The newer member of the Beecham team, Aquafresh, also contains the "fluoride improver" and the heavy advertising support also given to this brand has, they say, won it a 9 per cent market share.

Another of the "master brands" is currently being relaunched—Gibbs SR. Reformulated to give it a "smoother creamier texture" and "zingy" taste, Elida Gibbs believe SR is "the most effective toothpaste on the market" for removing and inhibiting plaque. The

*Concluded on p126*

## DENTIFIX®



### EMERGENCY DENTURE REPAIR KIT

- Advertised nationally
- Simple to use
- Sets in minutes
- Inexpensive

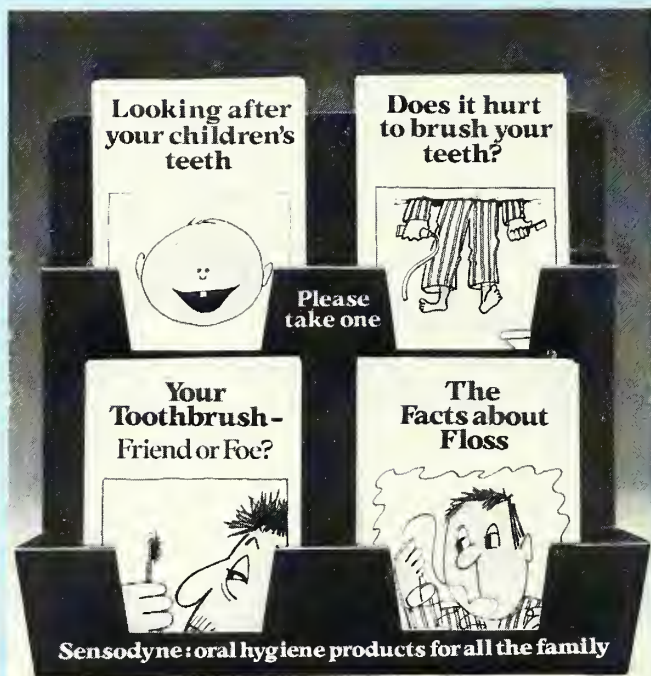
DENTIFIX has been specially designed for emergency repairs to plastic dentures. Past sales figures have proved that more and more people believe DENTIFIX to be an essential item for the first aid cabinet.

**Don't disappoint your customers, make sure you have Dentifix in stock.**

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Stafford-Miller's  
"educational"  
leaflets with POS  
display





# The Colgate Dental Bar

It'll pay you to give it pride of place.



Colgate brings chemists the first-ever fully comprehensive oral hygiene bar. The design is smart. The Colgate colours eye-catching. And the unit is large enough to hold 24 packs of each of the complete Colgate Oral Hygiene Range:

- Adult Brushes
- Child Brushes
- Dental Floss Packs
- Disclosing Tablets Packs
- Large Colgate Dental Cream Packs

The growing public awareness of dental care and oral hygiene makes this a prime time to display the new Colgate Dental Bar. Give it pride of place in your store!

From the makers of  
**Colgate. The No.1 Family Toothpaste.**

Available from most major chemist wholesalers.



## Toothpaste market

*Concluded from p124*

company say they are spending over £3½m backing the relaunch, including £800,000 on 30 second national television breaking at the beginning of August. A relaunch deal on the large size, plus discounts on other sizes will also feature in the campaign.

In mid-1979 Signal, also by Gibbs, was relaunched and the company now claim a brand share of 10 per cent. In 1980 Signal continues its relaunch support programme, above and below the line. Almost £1m is being spent on TV and the low price packs, available at the beginning of the year, are to be followed by a consumer promotion of a "50p cash refund" pack where the purchaser can claim 50p on buying various numbers of Signal packs depending on size.

An interesting recent addition to the paste market is Si-ko. Although not new, it has been off the market for nearly a year and has been relaunched in the same formula but new packaging. Now marketed by Ever Ready Razor Blade Co, an advertising campaign in the national Press and *Radio Times* will begin in October.

Finally, in the paste market, we turn to Sensodyne, which the company says is recommended by 98 per cent of dentists for the one in seven people who suffer from dental hypersensitivity. The product is now well established for the treatment of this complaint and is in that category of "specialist" products which sell well through chemists.

## Stain removers

The Eucryl brand name is perhaps best known for its smokers toothpaste, and LRC Products claim that a third of all smokers who still have their own teeth use this brand. However, LRC's Eucryl regular, designed to attack plaque, is said by the company to be holding its ground against conventional toothpaste—achieving a 26 per cent growth between the April 1979-March 1980 period "according to an independent survey". LRC say the largest part of Eucryl sales is through chemists and are backing up their recent market expansion with a current television campaign.

KemaNobel Consumer Goods are

the manufacturers of Denevit toothcream, designed to remove stains without being too abrasive. It has been launched by 12 weeks of television in the Granada area, and Brian Hitchings, managing director, says: "The campaign has proved most successful. Sales have exceeded all expectations. We have in fact sold double the volume anticipated, so we have decided to give Denevit another big boost." ■

## Denture cleansers

John Emery, Steradent's group product manager, estimates the denture cleanser market at £16m rsp with Steradent maintaining its "strong brand leadership". He continues: "Obviously, although the number of denture wearers is declining, there remain opportunities for volume growth".

Encouraging wearers to clean their dentures more frequently is his answer, as users of steeping products—80 per cent of all sales—clean their dentures only twice a week on average. Believing there is room for expansion in the market Steradent introduced Deep Clean on a national basis.

Reckitt's claim Deep Clean is particularly effective against the long-term gradual build up of tartar deposits and has particular appeal in its "works in 10 minutes" catchline. They believe it will win over many denture wearers who are using non-specialist cleaning products, such as bleach and ordinary toothpaste, and claim: "In pre-launch consumer research tests, which included users of non-specialist products, almost two-thirds of participants described Deep Clean as a better cleaner than their usual product and this result has been overwhelmingly endorsed by practising dentists."

The beginning of July saw the national launch of Stafford-Miller's "giant" size (110ml) Dentu-Creme after successful testing in the Yorkshire and Southern television areas. The introductory packs have a "14p off" flash and the whole Dentu-Creme range will receive advertising support in the national and women's Press.

On sale in 83 per cent of all chemist outlets, the "chemist only" Effident tablets have, say Halls Hudnut, an 8.4 per cent sterling brand share, the 36 tablet carton being the most popular size.

Related to this market is Dentifix, again only available through chemist outlets, Dentifix will be the subject of a Sangers promotion in September.

## 'Pro' brushes fill a gap

The toothbrush market through chemists is worth approximately £13m, representing about 65 per cent of the total market, according to Addis, and there is certainly room for further expansion.

The average consumer buys two brushes per year with sales peaking just before the holiday season. But as the more conscientious consumers buy four to six a year this "average" is misleading, clearly there are some who buy none at all.

Fortunately for chemists the most recent trend is towards more "professional" products. Addis say Wisdom's share of over 60 per cent of the total market has been confirmed by independent research and since the introduction of an additional three brushes to the Mouth Master range in January, their "ethical brush" sales have increased by 75 per cent. The complete Mouth Master range is still being launched and £300,000 has been spent on television for this and the Plaquemaster and nylon ranges. Colgate have also placed the emphasis on "quality" and say their brush has been designed with the recommendation of dentists in mind.

Top of the Halex range is the Oracare II, which LRC also say was developed "in consultation with dental specialists."

The best opportunities for pharmacies are in the up-market areas and Cooper Health say Oral-B is the current brand leader in the "professional" sector with an estimated 46 per cent brand share. Chemists account for 70 per cent of their sales, they say, and their users change brushes four times a year: "high brand loyalty and more units sold".

Recent additions to the Sensodyne range are a single tufted interdental brush and a small headed gentle brush for periodontal disease. All of the products in this range conform to standards laid down by the American dental profession.

Available through chemist outlets only, the opaque Inter-dens brushes have been recently replaced by six transparent colours. Nicholas have also introduced a counter top display unit for Inter-dens sticks, backed by a header-card. However, where larger displays are required the basic units can be clipped together to form units holding six or nine dozen brushes.



IT'S  
GOING  
LIKE A  
BOMB.







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## AUGUST'S MEMBERS

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Signal Toothpaste	REDUCED BY	<b>35%</b>
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Vosene	REDUCED BY	<b>28%</b>
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Bodymist	REDUCED BY	<b>27½%</b>
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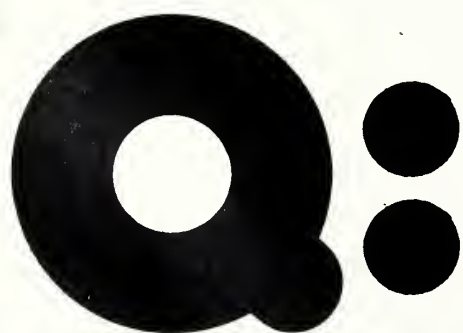
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Imperial Leather Soap	REDUCED BY	<b>25%</b>
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Brut 33 Splash On/Talc/Shampoo	REDUCED BY	<b>24½%</b>
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**20%**

REDUCED BY

**Fastidia**

**19%**

REDUCED BY

**Listermint**

**18%**

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**Savlon**

**Antiseptic Cream**

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**No other fluoride toothpaste  
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How can you be sure which toothpaste to recommend when you're asked? You know that where prevention of decay is concerned, a fluoride toothpaste is an essential part of a proper cleaning regimen.

But which fluoride toothpaste?

You can do no better than to recommend Crest, for the simple reason that no other toothpaste has weightier evidence behind it.

No less than 29 published full-scale clinical trials run by independent dentists have proved the effectiveness of Fluoristan,

Crest's unique stannous fluoride formula, in reducing decay.

No other toothpaste in the world has proved its efficacy in reducing tooth decay so often under such wide-ranging conditions of use.

Crest works. The proof is there. The kind of proof dentists take into account when deciding which toothpaste to recommend.

So when you're asked for your opinion, recommend Crest with complete confidence.

**Let dentists help you decide-recommend Crest.**



## Inevitable expansion say cosmetic rinse manufacturers

In the US, two out of every three people use a cosmetic mouthwash—a lot of mouths, a lot of bottles, a lot of dollars. Some £17m per annum is spent on such products in Germany. A year ago the first major cosmetic rinse to be seen in the UK received its national launch.

Since then Halls Hudnut's Listermint has been joined by Unicliffe's Mintgard and Reply from Elida Gibbs. Currently worth between £5m and £6m in the UK, all the manufacturers agree that the market is set to expand rapidly during 1980 to around £10m, rising to £20m by 1983.

Keith Lewis, marketing manager of Unicliffe, who is "extremely optimistic" about market growth, thinks that even these figures may be an under-estimation if the products take-off as they have in the US.

Launched nationally only three months ago, Mintgard is still in its selling in period so no audited figures are yet available concerning its performance. But, Keith Lewis says the national launch has so far been "most promising" and some major buyers have already re-ordered. A £500,000 advertising spend is putting Mintgard on television and local radio right through until the end of the year.

### Chemist orientated

Again, no figures are available for the percentage of sales through chemist shops, but the company say sales of this product are "strongly orientated through chemists" which they see as the traditional market place for toiletries in the UK.

At the time of the launch Mr Lewis said nearly two-thirds of test respondents in the UK preferred their product to Listermint: "We have great confidence in Mintgard because it is a better product. The packaging is stronger, the flavour preferred and we have the unique and valuable property of the TCP name."

Well, Listermint has recently been repackaged and having built the market Halls Hudnut believe they are now consolidating their dominance as brand leader. Putting their money where their mouth is, Halls are spending £800,000 during 1980 to give Listermint continuous support coverage on television, and morning radio in London, Manchester, and Liverpool "to reinforce the morning usage message".

The newly designed plastishield labelled bottle has up-dated the style of the product, made it more resistant to breakage and "slip resistant" even under moist bathroom conditions".

### Third option

Still on test, but likely to be the third nationally available cosmetic mouthrinse, is Reply. The product has been on test in the Southern TV area for the past seven months and Elida Gibbs say the product is "doing very well" with a brand share of 20 to 22 per cent.

At the time of the test launch the company said that research revealed that 50 per cent of consumers felt a need existed for a product that could effectively combat mouth odour and if a product were available that "really worked" and tasted good, they would buy it.

Bottle sizes and prices of the products are similar, although the Mintgard 500ml would appear to be the best buy for the consumer at £1.09, with Listermint selling 400ml for the same price. The latter's 220ml sells for £0.69, as does Mintgard's 200ml. As yet Reply is only available in 200ml and trial 50ml sizes, selling for £0.69 and £0.15 respectively.

### Not convinced

The predictions of the mouthrinse manufacturers and their promotional budgets all point to a healthy, expanding and lucrative market, but not all are convinced. Our correspondent, Xrayser, showed no sign of optimism when writing the following in *C&D*, May 10: "... Unicliffe are joining the clan of mouth washers. I wish them luck, but if my sales of Reply are anything to go on, they are in for a thin time. Listermint sales have slowed down; Reply sales, apart from the introductory offer, just didn't happen, and I can't honestly see many of my customers so insecure about their breath they are going to lose sleep or friends until they have bought the latest."

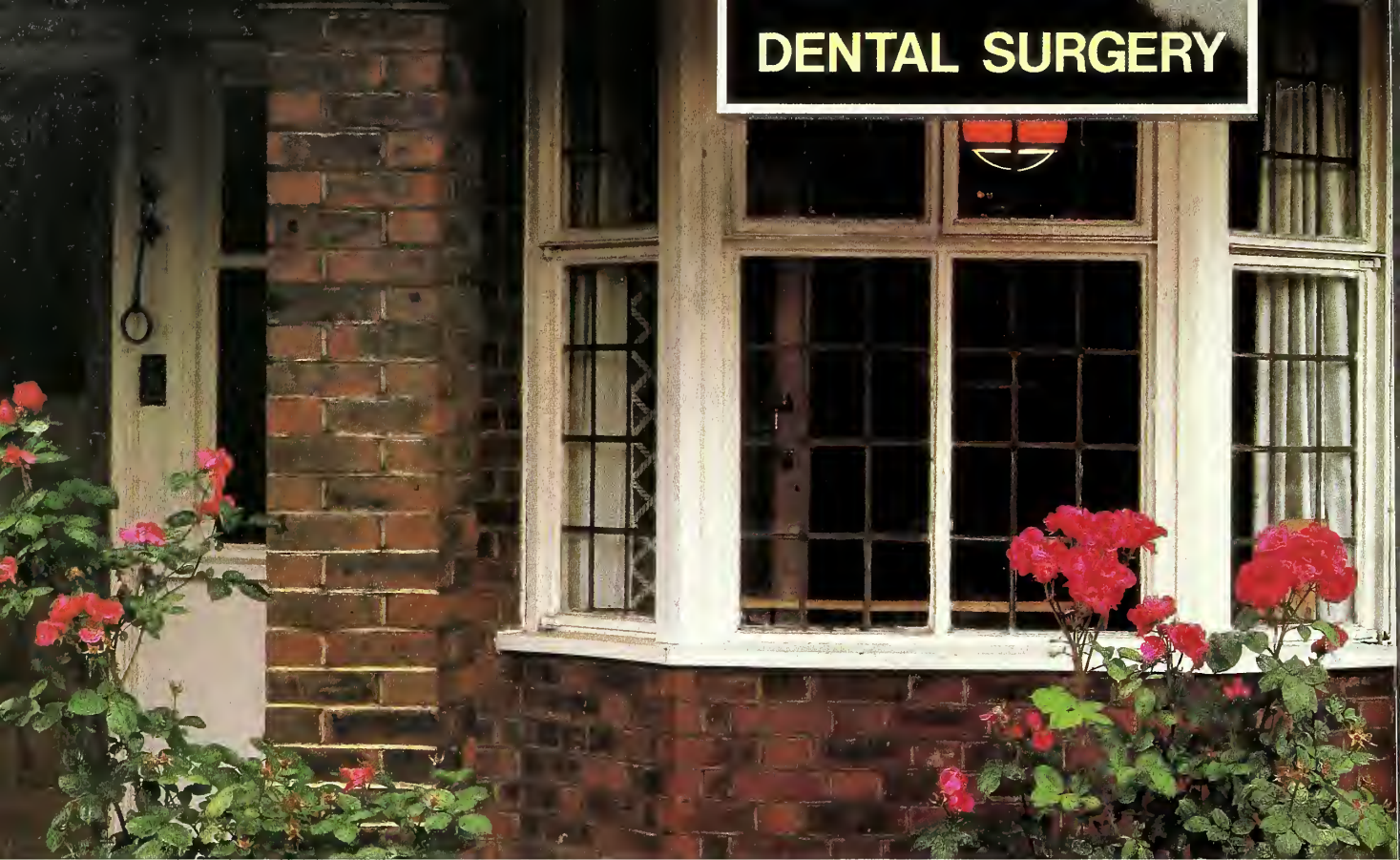
But we do apparently need educating when it comes to fresh breath. A survey carried out by Gallup for Halls Hudnut earlier in the year discovered that while

*Continued on p134*

*The two major, nationally available cosmetic rinses, set to build a £10m market in 1980*







DENTAL SURGERY

**Who do you think  
best advice on de**

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PRACTITIONERS IN ADVERTISING



Dentists recommend Oral-B more than any other toothbrush because they know, as professionals, that no other brand can care for their patient's teeth better.

As well as giving us a lot of satisfaction, it gives you a lot of Oral-B sales.

People act on their dentist's advice and once they've switched to an Oral-B brush they stick with it.

That's something even the most expensive advertising campaign could never hope to achieve.

### Why do dentists prefer Oral-B?

Dentists prefer Oral-B brushes because, basically, dentists helped us design them.

Everything a dentist thinks essential in a good brush we have included in ours.

### A range to satisfy everyone.

In the Oral-B range you'll find no less than seven sizes of brush, including an interproximal, as well as high quality dental floss and disclosing

# gives the tal care?

tablets. Together, they cover every aspect of efficient dental care.

You'll find that your customers won't just ask for an Oral-B brush by name.

On their dentists recommendation they'll ask for it by name and size.

And because they know exactly what they want, no amount of persuasion will make them switch brands.

Oral-B users brush more regularly.

And buy brushes more regularly.

Oral-B users, in general, have a keen interest in dental



Oral-B 10 (Sulcus) Baby's first brush. 20, Child's brush. 30, Young person's brush. 35, Ideal brush for adults. 40, larger brush for adults. 60, Extra large brush for adults. Interproximal brush.

hygiene. They tend to brush their teeth more often and, more important to you, buy new brushes more often.

The typical user will change brushes four times a year—that's four times the national average.

So by stocking our full range you can expect more turnover and more profit.

Which brand should you stock?

Obviously we believe that any retailer who doesn't stock the Oral-B range is missing out on a great sales opportunity.

But don't just take our word for it. Next time you visit the dentist do what thousands of people the length and breadth of the country do every day.

Ask him which make of toothbrush he recommends.



**The world's first name in dental care.**



Small head to clean  
recesses and difficult to  
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Unique squared head design with  
rounded corners and flat brushing  
surface for maximum filament contact  
with tooth and gum margins.

Flexible filaments,  
densely packed to ensure  
more effective plaque  
removal.

End-rounded high  
quality nylon filaments  
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Straight, firm handle to  
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guidance and pressure for  
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# ORAL HYGIENE

## Rinses and fresheners

Concluded from p131

32 per cent of people say that they sometimes notice stale or unpleasant breath when they kiss and 9 per cent notice that their own breath is stale when they kiss, only 34 per cent ever bothered to take breath sweetening precautions if they knew that they might be kissing somebody.

However, brighter news appeared for the manufacturers when it was also revealed that nearly 50 per cent in the age range 25 to 34 took some "breath precaution". Of those people, 65 per cent use toothpaste, 20 per cent mouthwashes and 18 per cent mints.

Certainly the advertising of cosmetic rinses is heavily angled towards the younger age ranges and the locality of your premises could have a decided effect on sales of these products. Part of the reason Halls say they launched Listermint in London was because of the "relatively young mobile population with money."

## Pioneering

The same company pioneered the mouthwash category with Listerine, although this is positioned at the medicinal end of the market. Now second to Listermint, it still had retail sales over £1m in 1979—a sevenfold increase over the past five years. This



Gold Spot: particular appeal to women in the 18-30 age group

year Halls Hudnut are spending £150,000 on an "upmarket" advertising campaign and the company feel they will continue to do the majority of their business in this product, through chemists. Listerine retails in four sizes: 83ml (£0.40), 197ml (£0.69), 395ml (£1.12) and 602ml (£1.39).

Although Halls emphasise that the the majority of sales of their three chewing gums is through CTN outlets, 37 per cent of their sugarless gum, Trident (promoted through dentists), is sold through chemists. Some 9 per cent of Dentyne and 3.5 per cent of Freshen Up also goes through pharmacy outlets.

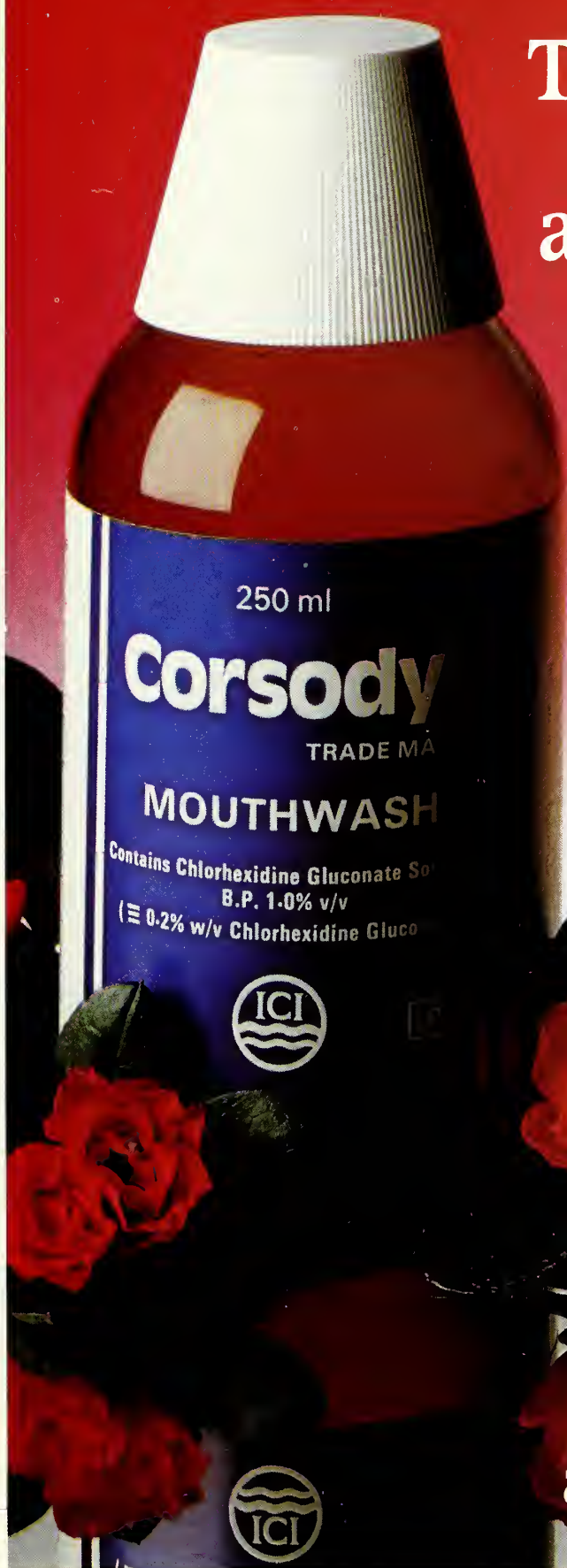
## Freshener boom

Ashe Laboratories say 1979 was a boom year in sales of their mouth fresheners and the momentum is continuing. Supporting the predictions of the companies so far mentioned Ashe believe the oral hygiene market is on the up and up and are supporting Double Amplex throughout the year by an advertising campaign in the national popular Press. This year Ashe have doubled their 1979 advertising expenditure on this product and "aim to capture a larger proportion of the expanding mouth freshener market". Gold spot is seen to appeal particularly to women in the 15-30 age group and has been backed by an advertising campaign in women's magazines.

Double Amplex is available in three sizes: 28 capsules (£0.40), 60 capsules (£0.75) and 140 capsules (£1.15). Gold Spot is presented in a vial (£0.49) and an aerosol (£0.89). ■



The oral antiseptic  
with proven  
anti-fungal action  
— *you can prescribe*



## CORSODYL MOUTHWASH

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An integral part of  
anti-fungal treatment.

**ABRIDGED PRESCRIBING NOTES** 'Corsodyl' mouthwash is available in packs of 250ml. Trade/Basic NHS Price: 75p. PL0029/0124. **Dosage and Administration** Rinse the mouth for about one minute with 10ml twice daily for one month. **Contraindications, warnings, etc.** Discolouration: Superficial discolouration of tongue, teeth, and on silicate or composite restorations may occur. This can largely be prevented by brushing with conventional toothpaste. **Taste:** Transient tingling sensation of the tongue may occur on initial use of the mouthwash. The effect diminishes with continued use. **Oral desquamation** and, very occasionally, swelling of the parotid glands may occur.

Further information is available from:



Pharmaceuticals Division, Macclesfield,  
Cheshire, SK10 4TF.

'Corsodyl' and 'Hibitane' are trade marks.



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# Now! A brand new toothpaste from Gibbs

Now there's a completely new SR – only the name remains the same. The fresh exciting flavour and the packaging are both brand new: the fluoride and ZCT work together so new SR helps build healthier teeth and gums.

And healthier sales too. Backed by massive support from Elida Gibbs:

- \*A special re-launch deal on large size.
- \*Plus generous discounts on other sizes.
- \*£3,500,000 of total support.
- \*£800,000 spent on TV advertising alone.

So now you as well as your customers can clean up with new SR.





## Survey confirms consumers want fluoride

Two thirds of those questioned said they thought fluoride *should* be added to drinking water if it can reduce tooth decay, according to a survey carried out by NOP for the West Midlands RHA.

The survey took place at the end of last March, when a sample of nearly 2,000 people throughout the UK answered questions about their knowledge and views regarding fluoridation of the public water supply.

To the question—Do you think fluoride should be added to water if it can reduce tooth decay?—66.5 per cent said yes, 15.8 per cent said no, and 17.7 per cent didn't know.

The RHA says this overwhelming support for fluoridation was shown in the replies given by both men and women and by all social groups and ages and although children whose teeth are still developing are major

beneficiaries of water fluoridation, support for this preventive measure did not vary greatly among adults with children and without.

The pro-fluoridation response was also fairly evenly distributed across the country as a whole. In the North it was as high as 76 per cent. In the Midlands it was 60 per cent, in Wales and the West 69 per cent and in the South East (including London and East Anglia) 67 per cent. Only in Scotland did the level of support fall below 50 per cent, although with as many as 46 per cent of Scots favouring fluoridation there is more than a two to one majority over the 22 per cent against it.

Other questions in the survey dealt with levels of knowledge about fluoridation. Respondents were first asked to state whether or not it is possible to reduce tooth decay by

adding fluoride to water. Over half thought it was possible, while only 7.6 per cent said it was not.

Commenting on the results of the survey, Mr Roger Bell, dental adviser to the RHA said: "I hope these remarkable figures will give a much-needed boost to the fluoridation programme in Britain. For all too long progress has been frustrated by unrepresentative pressure groups who have wrongly maintained that the public did not support fluoridation. Now we have some hard evidence, based on a scientifically conducted survey, that there is overwhelming support for it. Health authorities should take heart from these results. The majority support fluoridation but many have felt constrained because of the anti-lobby.

"The evidence of the efficacy of fluoridation in promoting better dental health has existed in abundance for many years. Right here in the West Midlands we only have to compare the dental health of children in fluoridated Birmingham with that of children in neighbouring Black Country areas to see the impact fluoride can make".

## ANBESOL. The great all-rounder. Fastest growing stomatological.

Stock Anbesol and you'll have the answer to relief from mouth-ulcers, denture irritation, cold sores and baby's teething pain.

### Easy effective relief.

Three effective ingredients include the local anaesthetic most used by dentists and two medical antiseptics to prevent the spread of infection. And being a liquid, Anbesol is very easy to apply.

### Advertising Support.

Anbesol receives TV support and consistent advertising in home magazines – and sales are rising fast.



**For teething pains and mouth ulcers recommend ANBESOL®**





# THE FOUR NEW FACES OF WISDOM.

In the area of toothbrush design there is no greater name than Wisdom, the brand leader that sets the standard.

And now Addis present the Wisdom Mouth Master range. Four new brushes combining the most advanced specifications of the dental profession with the expertise and quality gained from 200 years in oral hygiene.

The Mouth Master range incorporates:

**Multi-tufted, flat-trimmed heads for more effective plaque removal.**

**End-rounded nylon filaments to avoid soft tissue damage.**

**Round-head shape for greater mouth protection.**

There are three sizes:

**Mouth Master Major**

With four-row brush head of a size suitable for the average user.

**Mouth Master**

Smaller three-row head, ideal for those who have smaller mouths.

**Mouth Master Minor**

Designed for children and for people who prefer to use the smallest head size.

And...

**Space Master**

Goes where conventional brushes cannot reach. Four tapering tufts ensure a much gentler action on the gums and easier access between the teeth.

To complete your oral hygiene kit, you should also stock Wisdom Dental Floss and Dis-Plaque Disclosing Tablets.



Maximise your presentation of all the Wisdom oral hygiene products with a compact Mouth Care display stand.

Finally, you should hear what Dame Edna Everage has to say about Wisdom toothbrushes.



For, in this, Addis's Bicentenary year, Wisdom is being promoted through a £300,000 national television campaign featuring international megastar Dame Edna Everage.

Tremendous consumer demand for the entire range is expected in 1980.

So, make sure you are ready.

Wisdom, the brand leader in mouth care.

**WISDOM<sup>®</sup>**  
**MOUTH MASTER**



# **HOW TO MAKE MORE OF YOUR DISPOSABLE ASSETS...**





# Stock the **fastest** **growing** most p Gillette® Disposable

**(AND WATCH THEM SELL THEMSELVES)**

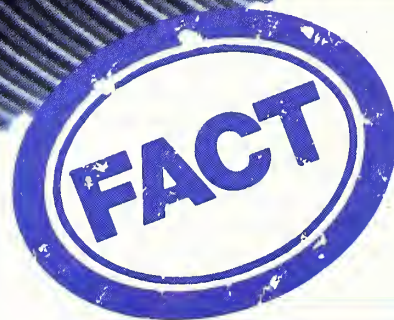
With three possible products to sell, and with one apparent brand in the Disposable Razors market 'cut and dried'? Are there still things that you don't know that can help you to make more money from Disposable Razors?

The one important thing that Disposable Razors have in common with the rest of the U.K. shaving market is that it's possible to make more profit by selling Gillette—No. 1 in the U.K. shaving market.

Gillette Disposable Razors put more cash per sale through your till than any other competitive brand and as an increasingly large number of consumers turn to Gillette for top shaving performance, you don't need an accountant to advise you about Disposable assets.



**Gillette are the only Disposables with a growth rate (67%) higher than 21.9% inflation. (May 1980 R.P.I.)**



**Gillette Disposables outsell the other twin-blade Disposables by over 100%.**



**Gillette is nearly as fast as the fastest of the market (Mark annual 67% p**



# Profitable Disposables

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now that might

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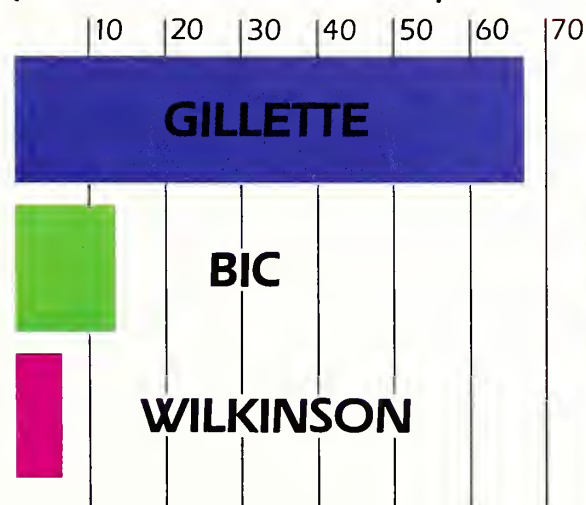
**So how do you make the most of your Disposable assets?**

**Give more space to Gillette Disposables and watch your profits grow.**



growth within  
disposable sector  
three times  
the growth  
market itself.  
growth 26% per  
Gillette growth  
(annum.)

**STERLING MARKET GROWTH  
% INCREASE OVER 3 BRANDS  
(12 months to March 1980)**



**PROFIT PER RAZOR  
PER UNIT SALE**







**STOP PRESS** New merchandising support will make your sales of Gillette Disposables more profitable than ever. Newly designed dump bins, headcards and point-of-sale material will ensure that you can create a more effective, faster selling in-store display. The message is clear: Dump your Disposable assets.





## Few flaws in fluoride US expert tells BDA centenary conference

Dental caries are the most easily preventable of all oral diseases, says Dr Herschel Horowitz—fluoride is his answer.

Proper use of fluorides is the best defence against dental decay, according to a chief dental officer of the US Public Health Service, Dr Herschel Horowitz, who was speaking on "Established methods of prevention" at the centenary meeting of the British Dental Association.

Dental caries are the most easily preventable of all oral diseases, at present, Dr Horowitz said, and efforts to prevent it could be divided into three groups. Attempts had been made to increase the resistance of the teeth, to reduce the number of cariogenic bacteria in contact with the teeth by mechanical or chemical means and to modify the diet by urging people to eat sweets less frequently. However, the prospects for reducing dental decay by the last two methods were not promising. Although dental plaque could be removed mechanically by toothbrushing, most people were unable to achieve the level of oral cleanliness necessary to prevent dental caries. Also, getting people to change their dietary practices was a difficult, if not impossible, task, he said. In Britain and the USA, the average person consumed about 100 pounds of sugar a year—more and more of which was hidden in commercially prepared foods and not consciously taken from the sugar bowl.

### Self appliance

Several methods of self-applying fluorides had been developed to avoid the drawbacks of professionally administered procedures, he said. These methods were carried out at home, either at will as with toothpastes and mouth rinses, or as prescribed by a doctor or dentist as with gel-trays for children with rampant caries. Fluoride mouthrinsing was eminently suitable for school-based caries prevention

programmes. More than 30 clinical trials had shown that mouthrinsing fortnightly, weekly, or daily with dilute fluoride solutions (0.2 per cent sodium fluoride) reduced the incidence of dental caries in children by about 35 per cent. Mouthrinsing was not recommended for pre-school children because many children of this age had poor control of their swallowing reflexes.

### Fluoride toothpaste

Many studies had shown that the "ad lib" use of toothpastes containing fluoride could reduce dental caries by 20 to 30 per cent. Everyone should be encouraged to use a fluoride toothpaste with demonstrated anticariogenic effects, Dr Horowitz said. About 80 per cent of all toothpastes sold in the USA contained fluoride, and he thought that fluoride toothpastes accounted for an even larger proportion in Britain, although average consumption was less. However, school programmes using fluoride toothpastes could not be justified as they were expensive and gave no additional protection when such toothpastes were also used at home.

The most feasible way to prevent dental caries was therefore to increase the tooth's resistance to decay, Dr Horowitz said. The mechanisms by which fluorides prevent dental decay probably varied according to the agent used, route of administration, concentration, frequency of use and the vehicle used to deliver it, he said. The most important element was perhaps the frequent provision of low fluoride concentrations to dental plaque.

Fluoridation of community water was the cheapest and most effective way of providing fluoride for large groups of people, he said. Hundreds of studies, throughout the world, had shown that children who consumed optimally

fluoridated water from birth had 50 to 65 per cent less dental decay than they would otherwise. Consumption of fluoridated water was safe, the fluoridation procedure was inexpensive and greatly reduced the per capita costs of dental treatment, and the entire community benefited, regardless of wealth, education, individual motivation, or dentists availability.

Less than 5 million people in Britain and only about 2 per cent of the European population were consuming fluoridated water, Dr Horowitz said, and he thought it was unfortunate that such a useful public health measure generated so much controversy. Fluoridation was a health issue and should not be made a political one.

For areas which lacked central water supplies or had yet to adopt community fluoridation, there were several alternative methods of providing systemic fluorides. Fluoridation of school water supplies lowered the prevalence of dental caries by about 40 per cent and over 400 schools in the US now fluoridated their water. A higher fluoride concentration (4-5 times the optimal community level) was currently recommended because children consumed only part of their drinking water at school.

### Tablets successful

Dietary fluoride supplementation using tablets was most successful in a school-based programme, as few parents and children could follow at home the stringent daily regimen necessary for maximum caries prevention. However, several school studies had shown a 30 to 35 per cent reduction when fluoride tablets were used daily. Fluoridation of table salt had been successfully tried for several years in Switzerland, Hungary and other European and South American countries. The use of fluoridated milk required further evaluation.

The professional application of topical fluorides could reduce the incidence of dental caries by 30 to 40 per cent in children living where water was fluoride-deficient, Dr Horowitz said. Solutions containing either 2 per cent sodium fluoride or 8 per cent stannous fluoride, gels or solutions of acidulated phosphate-fluoride, and fluoride-containing varnishes had all been used. However, these procedures were too expensive for public health programmes, he pointed out, because of the labour costs in applying solutions.



# Electric brushes gain credibility

No longer a novelty, the electric toothbrush has a small but expanding group of supporters most of whom buy their products from electrical retailers, but do they have to?

Not according to one London electrical wholesaler who says that some 65 per cent of his turnover in electric toothbrushes goes to pharmacies. Obviously this is the exception rather than the rule as the major manufacturers rely heavily on the electrical retailer for their distribution. Nonetheless, the conclusion of *C&D's* article on electricals (February 23, p297) was that with a little hard work and promotion—and assuming you are not sited in the direct vicinity of a discount warehouse—profit is still

obtainable.

Moreover, the opportunities in this field are perhaps wider than those for other electricals because of the close affiliation with health care—more so than say electric blankets or razors.

Twenty years ago the battery operated toothbrush was a novelty. Today similar products are still purchased for children, the parents finding that this is at least one way of taking the chore out of brushing and thus encouraging the children to clean their teeth more regularly.

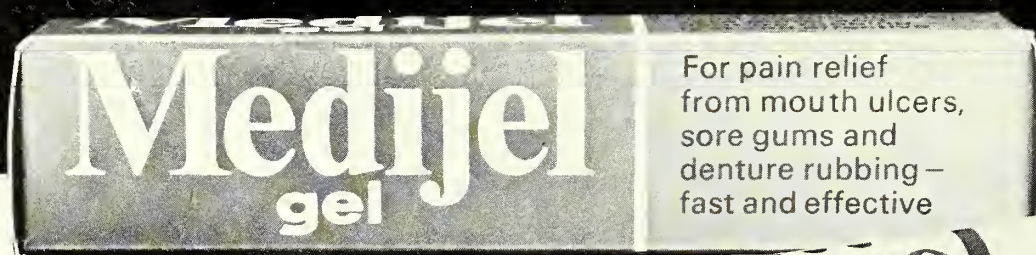
Nowadays the market offers more “credible” products with adult appeal. No longer heavy, bulky and prone to fading batteries, the mains electric, re-chargeable and long-life battery products, compete legitimately with other automatic consumer durables.

As with mouthwashes, the US market is way ahead in terms of volume—the electric toothbrush is as common as the electric razor and coffee perculator. In the UK the demand is, as yet, fairly small, although the manufacturers are, not surprisingly, confident that the market is growing. Believing that electric brushes are a positive factor in oral hygiene, those concerned say education is again the key word.

## NHS blamed

Terry Dailey, product manager for Braun, believes our NHS makes all the difference to attitudes—if you are put in the position of having to pay for costly curative dentistry out of your own pocket (as in the US)

# Medijel gel is back on GSL

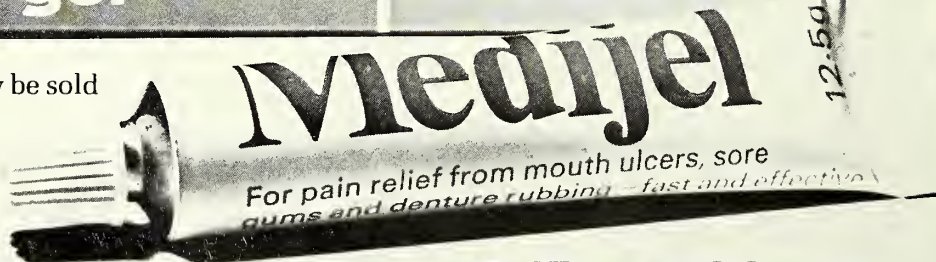


Soothing Medijel Gel may now be sold as a general sales list medicine and can be freely displayed for customer self selection.

Because Medijel is soft enough to be placed right on the point of pain, its local anaesthetic can start working immediately. Whilst emollient and antibacterial agents help to promote rapid healing.

So display Medijel Gel now. And watch your sales increase.

**Help your customers to help themselves.  
And help yourself.**



## Medijel

**Soft pastilles and soothing gel  
for sore mouths and mouth ulcers.**

Dendron Ltd., 94 Rickmansworth Road,  
Watford, Herts WD1 7JJ. Tel (0923) 29251.



# ORAL HYGIENE

then the chances are you are going to be a lot more aware of the benefits of preventive dentistry. But Mr Dailey does think there has been a resurgence in health care in the UK over the past two years, and given this "resurgence" the pharmacy is the obvious place to acquire products to this end. Braun are keen to lift sales through pharmacies and are optimistic that chemist outlets could profit in this market.

Unlike Philips, who left the market over three years ago, and Ronson who dropped out after reviewing the worldwide potential rather than the "purely domestic UK market", Braun are doubling their range with the addition of a travelling version of their rechargeable brush—the Travel DT1 (around £19.95).

It is finished in their characteristic black and the brush, brushheads and recharging unit pack away into a black case. Braun say it has all the advantages of their Dental D1 (around £17.95) which collects its power when replaced in the wall holder and once charged, gives 50 minutes of brushing time. The recharging unit plugs into a shaver socket, or with an adaptor, into an ordinary plug socket and adjust to 110 or 240 volts automatically. The brushes have "tough, shockproof, watertight" bodies and to prove the latter Braun have

*Battery v rechargeable—Pifco's Broxobrush (left) complete with battery-holding wall unit, and Braun's "Travel Black"—cordless and just launched.*

dropped the Traveller into a bowl of water, and watched it buzz away merrily. Happily they tell us it can then be retrieved, still in operation, quite safely.

The four brushheads which accompany each model are colour coded and the company say the wave formation of the brush has the same profile as teeth: "therefore it removes all food particles and plaque more effectively".

## Braun have confidence

Expressing further confidence in the demand for electrical appliances in oral hygiene, Braun say that the next two years will see them expand into "all areas" of this field, though no details are as yet available.

Whereas they are convinced that the cordless rechargeable brush is the variation that the public will turn to, Pifco are not convinced. They argue that many people do not have sockets in their bathrooms and that the traditional problems associated with battery models have been solved. For example, by separating the batteries in a wall unit there is no longer a weight problem and this system enables a family of four to use the brush for some six or seven months before the batteries fade.

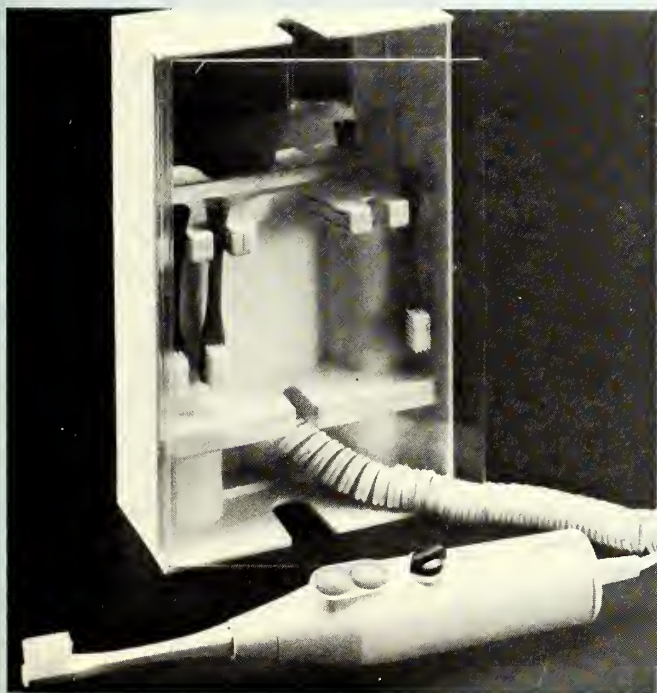
Pifco say their battery Broxobrush (£4.85) has become a market leader and is preferred by specialists for its

adjustable angle head: "a unique feature". The brush is waterproof, has colour coded brushes and comes complete with wall unit which has an internal mirror and Perspex door. Spare brushes with a choice of hard or normal bristles are also available.

Their mains electric brush, Broxodent (£22.50), is, say Pifco, the world's leading automatic electric toothbrush: "recommended by dental authorities worldwide. It complies with electrical standards of international testing authorities, and over 100 clinical studies have demonstrated its superiority".

Again "absolutely waterproof" (that is, those who are prone to dropping brushes in buckets of water are quite safe), Pifco say the secret of the Broxodent is in its ability to provide 100 brushing strokes a second at constant efficiency, compared to three strokes a second with a manual brush. Self adhesive wall fixing brackets and four colour coded brushheads are included. Spare brushes are available in packs of two. Both brushes have counter literature as an "aid to preventive dentistry".

The battery Broxobrush will be featured in a one minute television commercial which will be shown on Thames, ATV, Tyne Tees & Yorkshire, Scottish TV & Grampian and Granada at peak viewing times every night of the first week in December 1980. Both brushes will feature in a 16 page "special" issue as an inset to *Woman* and *Woman's Own*, and to "four leading monthlies" over the period end of November to early December. ■





## More on the market ... best of the rest

With the growth in consumer awareness sales of dental floss should be expected to increase significantly over the next twelve months although to date, growth has undoubtedly been inhibited by the virtual lack of consumer advertising. According to Colgate, over the past 3 to 5 years there has been a 15-20 per cent volume growth and currently the market is valued at £1m with virtually all sales through chemists. However, floss is beginning to feature in consumer advertising and Colgate believe their unwaxed product will prove a popular buy.

Brand leaders, Johnson and Johnson, are even more optimistic about the expansion of this market. They put the growth over the last five years at 30 per cent, with their own brand increasing its share to 80 per cent in 1979—outselling its nearest competitor five-to-one. Johnson's floss is available in waxed and unwaxed varieties in 25 metre dispensers. Each 24 unit pack has its own display tray containing instruction leaflets for correct use.

### Lightly waxed

Sensodyne's floss is a lightly waxed water soluble product which, they say, combines the ease of use of waxed floss with the efficacy of plaque removal of an unwaxed version. Sensodyne produce a vast amount of educational leaflets for distribution through dentist surgeries, health clinics etc... and the brand name should be to the fore, as Sensodyne will be promoting their toothbrushes on local radio throughout 1980.

As part of their "full range of oral hygiene products", Cooper Health also offer an unwaxed floss for sale alongside the Oral-B brushes.

Finally, the distributors of the Floss-a-Matic say that demand for the product has risen over the past six months, with a "marked increase in the number of sales to chemists". Stanmore Marketing say they are currently embarking on a national mailshot promotional campaign and have recently introduced a free display

poster. Floss-a-Matic is now packed in a display carton of one dozen in assorted colours and for purchases of six dozen or more there is a 10 per cent discount.

The disclosing tablet market in the UK is small—less than £½m a year—but alongside the other benefits of oral hygiene increasing its "legitimacy", this market is expected to expand. Colgate have included disclosing tablets in their "comprehensive new range" of oral health products and Cooper Health manufacture them as a complement to their brushes, floss and disposable dental mirrors.

### Medicinal rinses

Elsewhere we have dealt with cosmetic and cosmetic/antiseptic mouth rinses, but the entirely medicinal rinses are of importance to pharmacies, though the market is relatively small.

Anbesol the liquid antiseptic and anaesthetic for mouth irritation, contains lignocaine hydrochloride and two antiseptics, cetylpyridinium chloride and chlorocressol. International chemical say Anbesol can be used for teething babies' sore gums and for mouth ulcers, cold sores, wisdom teeth and denture irritation, bringing relief from pain while at the same time protecting against infection.

They say it is the fastest growing and the only nationally distributed stomatological supported by television advertising and also receives consistent advertising in home interest and women's magazines.

Cooper Health are the marketers of Bocasan oxygenating mouth rinse, for the treatment of mouth abrasions and gingivitis. Cooper say the rinse can also be used for slushing food debris from between the teeth when the use of a toothbrush is contra-indicated.

Still in this area, but in the form of controlled release pellets, Vitabiotics relaunched Oralcer in May and advertising will continue throughout the year in the *Express*, *Mail*, *Sun*, *Mirror*, *Sunday Mirror*, *Sunday*

*Express*, *News of the World*, *People* and women's *Press*. Vitabiotics admit that the share of the market for this product has been small, but hope that the promotional campaign and periodic trade bonuses will help this situation.

Although this final product enjoys a 2 per cent share of the dentifrice market and should perhaps be featured in that section, Carter-Wallace say this is a market to which Pearl Drops doesn't strictly belong.

Pearl Drops is a liquid tooth polish formulated by a dentist for use at home: "It contains a mild abrasive to remove viscid film left by food, tea and tobacco stains and a polishing agent to provide a smooth sheen not produced by ordinary toothpaste". The company say it is designed to be used alongside a woman's regular toothpaste and that US abrasivity tests have shown it to be "remarkably gentle to tooth enamel. Less abrasive in fact than some brand leaders and highly recommended desensitising toothpastes."

Half page colour advertisements headlining "The Beauty on Your Toothbrush" are currently appearing in *Annabel*, *Woman*, *Company*, *Living*, *She*, *Honey*, *Woman's Journal*, *19*, *Over 21*, *Cosmopolitan*, *Jackie*, *True Romances*, *True Story* and *Woman's Story* as part of a £150,000 campaign which runs through into September. ■

### US NEWS

US manufacturers of benzodiazepines have agreed to revise the information they provide to physicians to say that the products are not for "everyday" stress.

The information will include the statement: "Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic (anti-anxiety) drug."

About five billion tranquilisers are prescribed annually in the United States. Companies that have agreed to make the labelling change are Hoffmann-La Roche Inc, Warner Chilcott Laboratories, Abbott Laboratories, Wyeth Laboratories, and Parke-Davis. Generic drug makers of benzodiazepines are also expected to comply with the labelling requirement.



## Is this why doctors want the rural dispensing?

Two rural pharmacists explain the dispensing-doctor problem to their urban colleagues—and allege some practices which may help maintain the doctors' desire to hold and expand this lucrative service.

We strongly applaud your leading article of June 28 regarding the breach by doctors of the rural standstill on dispensing at Tenterden in Kent; we only wish that it had been stronger in content.

However, having questioned our urban colleagues on their knowledge of the practices of doctor dispensing, it would appear that they are very much in ignorance of what goes on and we therefore wonder if pharmacists in general are really aware of the doctor dispensing situation. With this in mind, we have done some research amongst our rural colleagues to see what sort of service the patient gets when his doctor dispenses for him and what sort of reward the doctor receives.

Let us start by deciding what right doctors have to dispense at all. Under the Medicines Act, any doctor can supply a medicine to a patient. Under the National Health Service Act, all dispensing is intended to be done at a registered pharmacy. If the patient lives more than one mile from the nearest pharmacy and would have difficulty in getting medicines, then the doctor may dispense for that patient.

However, the patient is supposed to have a right to choose whether or not he goes onto the doctor's dispensing list or wishes to obtain his medicine in the usual way. In practice, to our knowledge, this right is seldom admitted and a new patient signing on at a rural practice is often told "we will dispense for you, sign here." We believe that this right of choice should be made known to each patient, not by the doctor, but by the FPC and that the advantages and disadvantages of each system should be clearly shown.

We submit that the proper and effective way of providing a rural dispensing service is for the pharmacies bordering and in the rural area to combine to provide an efficient collection and delivery service and an on-call pharmacist.

In the majority of cases, of which Tenterden is a classic example, the doctor's surgery is situated in the same

town or village as one or more pharmacies, so that in many cases patients have to walk past a pharmacy to reach the surgery.

One serious breach of regulations is the fact that some dispensing doctors' dispensaries are open all day, regardless of whether a doctor is present or not, for the purpose of supplying medicine. The doctor should personally be supervising the dispensing and, needless to say, if there is no doctor present this cannot be done. Even when the doctor is there, in practice he is in his consulting room writing prescriptions, which are dispensed in the dispensary by an untrained, unqualified dispenser and therefore if a mistake is made it is too late for it to be retrieved.

Even worse is the practice of leaving stamped, signed blank prescription forms in the dispensary so that patients can get repeats without ever seeing the doctor, which leads one to suppose that there could be many people consuming regularly large amounts of medicines without their doctor having any knowledge of it whatsoever.

Dispensing doctors are not subject to any inspection whatsoever, partly because when doctors first began dispensing this was regarded as a temporary measure, and partly because it was reasoned that the number of prescriptions dispensed would be so low as to be negligible. This piece of legislation would be laughable were it not so tragic, as there must be many doctors dispensing in excess of 2,000 scripts per month.

It is worth noting that patients who are exempt from prescription levies do not have to sign the declarations on the back of the FP 10 form when they have a prescription dispensed by a doctor, and the doctor sends an estimated sum for levies collected each month to the FPC, who presumably can only guess if this sum is correct by referring to local and national averages. This is to save our hard-worked medical chums supervising such menial duties.

We feel that the quaint practices engaged in by some doctors' "dispensers" have been given a reasonable airing in the pharmaceutical Press without further elaboration. However, we feel that we cannot let this occasion pass without quoting our prize howler. A patient of a dispensing doctor who was a next-door neighbour of one of the authors arrived one night on the doorstep asking if Actifed Co linctus could cause diarrhoea as he was consuming this medicine and had just started with this ailment. The pharmacist expressed surprise at this unusual turn of events and examined the bottle of medicine dispensed by the doctor's dispenser.

True, the Elastoplast which served as the label did say Actifed Co and true some of the contents of the bottle were red, but floating as a one inch clear layer above the red liquid was what we suspected to be liquid paraffin. The patient was advised to return to the doctor and register a complaint, which he set off to do. However, he returned with a bottle of kaolin et morph and minus a prescription levy.

## Financial motives

Whilst we acknowledge that the present NHS system has created some community pockets which it does not allow to receive an adequate pharmaceutical service, what is it that motivates a doctor to insist that he has the right to dispense?

The only reasons that spring to mind are financial. To the best of our knowledge the remuneration for the dispensing activities of dispensing doctors is as illustrated below:

1. Net ingredient cost plus 10½ per cent on-cost (not a sliding scale).
2. No deduction of discount.
3. Container allowance as for pharmacists.
4. A professional fee as shown below.

Scripts	Professional fee
0- 400	51½p
400- 500	51p
500- 600	50p
600- 700	48p
700- 800	46½p
800- 900	45½p
900-1,750	44½p
1,750-2,000	44p
2,000-2,500	43p
2,500-3,000	42½p
3,000-3,500	42p
3,500-4,000	41p
4,001 upwards	41½p

Concluded on p144



## 'Extortionate'—the price of the remuneration package

I agree completely with the City and East London Local Pharmaceutical Committee's rejection of the recent "package deal", as set out by Mr Deric Evans, and endorse their proposed action. However, my personal decision on resignation from the PSNC was taken a month earlier, at the May meeting and based primarily on three items of PSNC proposed policy.

1. I cannot accept that NHS dispensing should have only equal comparability, even for profit, with retailing generally.

2. Productivity deals as in industry—as suggested by the PSNC—are impossible and dangerous and could lead only to a reduction in the advisory role of pharmacists on NHS matters.

3. The non-inclusion, in the new contract proposals, of any effective plan to prevent all "leapfrogging".

Together they would be fundamental in destroying any future role of GP pharmacy as a first-class primary care profession.

Everyone is aware (but in this context it must be reported) that under the existing contract, contractors as a body will be paid all expenses plus 16 per cent profit on capital invested. After four years of continuous and unsuccessful guerilla warfare, the Franks panel was set up essentially to investigate our profit level and make recommendations. It reported that in present circumstances, contractors were not receiving the agreed 16 per cent profit, in fact were not receiving any profit at all. The agreed profit was now an effective loss. The panel's cash recommendations on profit, to the end of 1979 totalled £36½m (approximately £3,000 per pharmacy).

The majority of this cash was to make restitution for money owed to us for a long period and so restore the actual loss to the agreed 16 per cent profit. Payment of debts cannot be classified as "new money".

The balance of the £36½m was intended to increase this percentage profit above 16 per cent in order that NHS dispensing profit should have equal comparability with profit in retailing, as requested by the PSNC. It is arguable if this is new money in any real sense; it was merely uplifting NHS dispensing profit to equal status with retail trade. As profit, the £36½m automatically becomes part of the global sum, which is equally true of the increase recommended for 1980 from July 1.

When Franks first reported this increase, the PSNC made certain

proposals for its distribution. One of these suggested that half only should be paid out as increased dispensing fees, the remaining half to be retained for the possible clawback of wholesale discounting. The PSNC has now unilaterally agreed that instead of only half, the whole of the £36½m should be paid back in lieu of the wholesale discounting. Why the enormous change in the PSNC's "guesstimate" of the wholesale discounting? Most contractors know this is far in excess of the true value received. I would have thought this was proved in an excellent article a few weeks ago by Bob Worby.

Now, due to the introduction of complex uplifting of wholesale prices—factual not notional—on both OTC goods as well as "ethicals," we shall not have the opportunity to prove the real value in the resulting inquiry, which will take months.

The official PSNC Press report gave precise details of the package. It is rather odd that no mention is made of the price paid for the package—to the end of 1979 a cool £36½m, an unreal and extortionate price. Due to the large discrepancy in the PSNC's "guesstimate", why were LPCs not balloted for or against acceptance of this package?

Now we are told that the Franks recommendations on profit from July 1 will be paid as basic practice allowance—that is, like differential on-cost, to give a more equal distribution of profit earned on NHS dispensing. Fair enough—contractors dispensing below 3,200 scripts per month will gain; above this they will lose 5p per script.

An essential and consistent part of PSNC policy has been its efforts to gain payment for the total hours (at present 44) of the contract for the first pharmacist, instead of only 81 per cent at present (approximately 35 hours). In their report PSNC has totally reneged on this pledge and state that this same BPA (which is profit for dispensing) will also pay the first pharmacist for the unpaid 19 per cent of the contract. They have even thrown in pharmacists' advisory role.

In their own new contract proposals they state BPA would only be paid as part of the new contract, which normally would have been after payments due to Franks' new profit recommendations have begun (from January 1). The unpaid 19 per cent balance of our present contract must

only be paid with new money, not associated with Franks, but on making the notional salary the effective salary. The notional salary was outwith the remit of Franks Panel.

The possibility of obtaining victory on this issue was always very doubtful (even with PSNC support). The real effective answer, and under our own control, is to start implementing the 35-hour-week contract passed at last conference. This, however, will require the fullest co-operation between contractors on a local basis—contractors better noted for man's inhumanity to man!

Regardless, we in the City and East London LPC are optimists and shall shortly put the issue to test in groups of two or three pharmacies. At least some will benefit. This will be a start in local negotiations.

George Baxter  
London E13

Rural dispensing.  
Concluded from p143

One must remember when looking at the professional fee that it is not expected to cover the full cost of staff wages, heating, lighting, rent and rates (as is the pharmacist's professional fee) as a dispensing doctor can claim 70 per cent of the salary paid to two full-time auxiliary staff and their property costs are separately dealt with.

The remuneration from dispensing contributes to the doctor's pension. Obviously this encourages dispensing doctors to prescribe and dispense the most expensive drugs on the market, as it is item cost and not script number which counts. We would be interested to hear of any dispensing doctors who, in the interests of public economy, prescribe generic drugs, as many of their town colleagues do.

Finally, we have concrete proof that major pharmaceutical companies authorise their representatives to donate large quantities of stock to dispensing doctors as a direct cash incentive to prescribe and dispense their products by increasing their gross profit margin.

Although we are on very good terms with our local doctors, and we do concede that the rural doctor is not adequately remunerated compared with his urban colleagues, we feel that any shortfall in income should not be made up by dispensing.

We feel that the correct doctor-pharmacist-patient relationship was excellently put by Mr Kerr in his address to the Northern Community Health Councils of April 11, 1980. He stressed the vital role of pharmacists as error detectors and the two disciplines, with their separate training, expert knowledge and purpose, working together, prove the ultimate safeguard to the patient.



## Does it hurt?

The letter I have sent to the chairman of Unichem may interest your readers [the following is an extract—Editor]:—  
“Yesterday a young lady from Unichem, Willesden depot, telephoned my shop and said “Mr Herman I am to tell you that you are to be deleted if you don’t spend more than £1,000 per month on ethicals”. I asked her what she meant by “deleted”—she merely repeated her previous statement.

“I am still curious to know how I am to be deleted; am I to expect some gentleman from Chicago in a black limousine to delete me on the pavement outside my shop or perhaps I am to be deleted when I turn the ignition key of my car; should I avoid barber shops or florists?

“As chairman of an organisation set up to help and support the smaller independent retail pharmacist, would you care to explain how I am to be deleted and whether this deletion is to include other long-standing shareholders and customers of Unichem? Could I insure against deletion?

“I have of course suspicions as to what the young lady was trying to say,

and if they are as I suspect then I would suggest that the timing, manner and content are totally inappropriate.”

Yours undeleted,

P. I. Herman, Director,  
Peters (Pharmacy) Ltd, London W1

## Open day

The School of Pharmacy at Sunderland Polytechnic will be open to receive visitors on the evening of Thursday, September 18, from 8 to 9.30 pm, during the British Pharmaceutical Conference at Newcastle.

Transport will be provided and it would be appreciated if those intending to visit would inform the Conference secretary on arrival.

A. Firth

Acting head of school

## Onomatopoeia

We have recently changed our wholesaler supply depot location as a result of the well-publicised reconstruction of a national wholesaler. The following direct quotes from delivery notes suggest that the trainee telephonist (assumedly) was “taught” the phonetic approach to the undoubted

problems of today’s brand names viz:

1. heniz yougest bananan (Heinz yoghourt banana)
2. One breast plump
3. One Betadine virginal gel with app.
4. two Ausol cream (Anusol of course, but a good guess on likely bodily location).

Number one item was marked “do not stock”! We have suggested item three may have a large market potential.

J. Keough

Hemel Hempstead, Herts

## NEWS IN BRIEF

■ An increase in rota payments to £8.75 per hour for Sundays, public holidays, and early closing days, and £3.75 for weekdays, is among the changes notified in the June changes to the Scottish Drug Tariff.

■ Northern Ireland chemists and appliance contractors dispensed 1,034,557 prescriptions (639,027 forms) during April at a gross cost of £3,184,742, an average of £3.08 per prescription.

## *Looking for extra sales muscle?*

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25, New Street Square, London, EC4A 3JA



## Boots first quarter sales on target

Boots' retail sales were on target in the first quarter of the new financial year, Sir Gordon Hobday, chairman, told the company's annual meeting last week, while world sales were up 12.4 per cent.

Counter sales in Boots the Chemists were particularly buoyant in the first two months of the quarter, but the rate of increase slowed down during June due to the abnormally high level of sales achieved in June 1979 in anticipation of the implementation of the higher rates of value added tax. Overall the sales increase was about 18 per cent on a tax inclusive basis, or about 13 per cent tax exclusive.

Dispensing volume was affected by increased NHS charges—fewer prescriptions were dispensed than in the same quarter last year, but the average value was higher and dispensing income was up by 14 per cent.

Timothy Whites, however, were affected to a greater extent by the economic climate and sales on a tax exclusive basis were slightly down.

Overseas retail sales showed an increase in tax exclusive sales on a sterling basis of 21 per cent. For the retail division as a whole, tax exclusive sales of £258m for the first quarter show an increase of 13 per cent.

The industrial division's sales in the first quarter, at £65m, showed an increase of 9 per cent. Pharmaceutical sales in the UK were 17 per cent ahead.

Pharmaceutical exports are running some 5 per cent behind budget and

also behind last year, partly due to increased competition against anti-inflammatories in Europe and also because of the effect of changes in a long-term contract with Upjohn for the sale of ibuprofen. Sales of consumer products, despite difficult trading conditions, showed an increase over the first quarter of about 12 per cent. UK agrochemicals sales are so far "disappointing".

■ Boots shareholders arriving at the annual general meeting were met by ASTMS representatives who handed out letters alleging "false economy" in the company's scientific salary structure—"at the bottom of the league table of the pharmaceutical industry." ■

## Boots and Fisons agrochem deal

Boots and Fisons have announced their intention to bring together their worldwide agrochemical interests.

Subject to detailed financial terms and official clearances, it is proposed that Fisons Ltd and Boots Company Ltd will each own 50 per cent of the new enterprise, which it is hoped will become "a major force in this highly competitive, international, research-based industry".

Profits attributable to Fisons interests in agrochemicals for the year to December 31, 1979, amounted to £2.7m before tax; the agrochemical interests of Boots amount to about 1

products.

The company's budgeted turnover for this year is £6.5m, almost double the final annual figure for Kirby before the merger with Warrick. The growth comes from the amalgamation of the two companies' ranges, an increased investment in marketing (over £500,000 this year) and the creation of three separate sales teams, serving GPs and hospitals and handling OTC products. The result, together with factory developments, has been an increase in the company payroll to 283, compared with 184 full-time and 24 part-time employees a year ago. ■

per cent of the company's profits.

The new enterprise will not include the companies' interests in agricultural fertilisers, horticultural and garden products, nor any of the pharmaceutical interests of either company.

Speaking at Boots' annual meeting (see above), Sir Gordon Hobday said that "the increasingly severe standards set by regulatory authorities made the introduction of new products a very expensive and time-consuming operation. More investment usually needed to be made in order to provide facilities for the manufacture of new products.

"For a British company operating in this field the domestic market alone is not nearly big enough to justify a research and development budget large enough to have a reasonable chance of success. It is a market with some very large multi-national competitors and at present both Boots and Fisons stand not very high in the sales league table." However, Sir Gordon concluded that it was a market which can produce good profits from good new products ■

## Competition Act goes ahead

The main provisions of the Competition Act will come into operation on August 12 and associated Statutory Instruments were published this week. These will allow investigations of anti-competitive practices—business practices which restrict, distort or prevent competition—to go ahead.

The Department of Trade say the Act gives the director general of fair trading powers to investigate practices that can make it difficult for firms, especially small firms, to compete fairly and effectively and give the best deal to the consumer. Investigations may lead to a reference to the Monopolies and Mergers Commission, and ultimately to the prohibition of practices by Order (C&D, April 12, p649).

The Orders include provision for some exclusions from the new controls. The most important is an exemption for small firms. The practices of firms with less than £5million annual turnover cannot be found to be anti-competitive unless the firms have a 25 per cent share of a relevant market or belong to larger groups of companies that together exceed the turnover threshold. There are special provisions for local authorities, all of which will be liable to investigation except for parish and community councils.

The Exclusions Order also exempts certain practices in areas where investigations would involve international complications or conflict with other Government policies ■

## Kirby-Warrick get approval for £1m investment

A £1-million capital investment programme has been approved for Kirby-Warrick Pharmaceuticals Ltd by the USA parent, Schering-Plough Corporation.

The money will be used for the construction of a new office block at the Mildenhall headquarters in two or three years' time, improvement in manufacturing standards, and the introduction of a series of new



■ **Newman Labelling Machines Ltd** have changed their telephone number to: 01 440 0044.

■ **Ward Blenkinsop & Co Ltd** have been sold to Shell for £6.1million. Last year, despite a favourable export trade, the company lost some £34,000 before tax, but Shell are expanding their involvement in fine chemicals to complement their other manufacturing activities.

■ **Sandersons (Chemists) Ltd** have appointed Vestric Ltd as their primary distributor, effective from August 4. Retailers are advised to continue to order the company's products from their usual wholesaler. Wholesale chemists are asked to order direct from Vestric at PO Box 12, Bruncliffe Lane, Morley, Leeds.

■ **Ilapak Ltd** have ceased to be the agents for Icore checkweighing and detection equipment, the agency for this equipment is now held by Colborn Systems Ltd, Church Street, Stanwick, Wellingborough, Northants NN9 6PS. Ilapak stress that there is no ill-will between them and Acurex-Icore, but feel that the Icore range is somewhat outside the main area of their activity.

## APPOINTMENTS

■ **Dylon International Ltd:** Mr Alan Turvey has been appointed marketing director and will combine his new responsibilities with his previous position of UK sales director.

■ **Wilkinson Match:** Mr Leslie P. Comley has joined as UK sales director; he was previously general sales manager for Kellogg Co in the UK. Mr Comley will be responsible for the matches and personal products businesses.

■ **Spillers Foods Ltd:** Mr Charles Auld has been appointed chief executive. He will join Spillers in September from Beecham's, where he is general manager, UK, toiletries. He succeeds, and will report to, Mr Geoffrey John, who became chief executive, Dalgety Spillers Foods Division, in March 1980.

■ **Syntex Pharmaceuticals Ltd:** Mr Mike Tait has been promoted to director of quality assurance and Mr Graham Jobson to product manager. Mr Tait, a chartered chemist, was previously quality assurance manager. Mr Jobson joined the marketing department in January and now assumes responsibility for a number of Syntex products including Syntaris, Urispas and the norethisterone range.

# MARKET NEWS

## Patchy and dull

London July 22: Business was dull in all sectors of the market during the past week, any interest shown being confined to a handful of commodities, in particular, Brazilian menthol. Even with that item business was patchy despite a further fall in its price.

The same remarks are applicable to the essential oil sector where many of the oils of Far Eastern origin were quoted lower for shipment. Notably Indonesian oils were sharply reduced for shipment but the action failed to stimulate any extra buying. Petitgrain, which has advanced sharply in the past few weeks, lost 15p kg. Natural camphor powder remains firm on the spot as forward offers are still unobtainable.

Shipment quotations for pepper were down but elsewhere in spices prices were repeated. In botanicals, gentian root was dearer while quillaia bark, now available on spot after several months absence, was also marked up on the last quotation. Cascara eased slightly in both positions.

### Pharmaceutical chemicals

**Ammonium chloride:** Pure in 50-kg lots £0.2344 kg for powder.  
**Ascorbic acid:** (per kg) 100-kg £5.51; 500-kg £4.85 to source.  
**Bismuth salts:** £per kg.

	50-kg	250-kg
carbonate	6.70	6.60
salicylate	8.20	—
subgallate	10.35	—
subnitrate	5.35	5.25

**Calcium ascorbate:** £7.28 kg in 5-kg pack.  
**Calcium lactate:** 100-kg lots £1.37 kg.  
**Calcium pantothenate:** £7.54 kg in 25-kg lots.  
**Carbon tetrachloride:** BP 5-ton lots in 290-kg drums, £305 per metric ton.  
**Chloral hydrate:** 50-kg lots £2.20 kg.  
**Chloramphenicol:** BP73 £24 kg in 500-kg lots.  
**Choline:** (500-kg lots) bitartrate £2.61 kg; dihydro-gen citrate £2.60.  
**Clioquinol:** NF XIV 500-kg lots £13.18 kg.  
**Cyanocobalamin:** per g £2.53 in 100-g lots; imported £2.40 in 1-kg lots.  
**Cyclobarbitone:** Calcium £25.34 kg in 25-kg lots.  
**Dexpanthanol:** (Per kg) £11 in 5-kg lots.  
**Dextromethorphan:** £154 in 5-kg lots.  
**Folic acid:** 100-kg lots from £56 kg.  
**Nicotinamide:** £3.85 kg in 50-kg lots.  
**Nicotinic acid:** £3.30 kg in 50-kg lots.  
**Pyridoxine:** £22.11 kg for 20-kg lots.  
**Riboflavin:** (Per kg) £26.84 in 10-kg packs, diphosphate sodium £79.61 in 5-kg.  
**Thiamine:** Hydrochloride/mononitrate £18.88 kg in 25-kg lots of British origin; 500-kg £17.42. Imported £15.50 g (500-kg).  
**Tocopherol:** DL-alpha 5 kg £16.72 kg.  
**Tocopheryl acetate:** DL alpha per kg £14.16 (in 20-kg lots); ascorbate £12.22 (25-kg).  
**Vitamin A:** (per kg) acetate powder 3 miu per g tablet grade £16.98 (5 kg lots); palmitate oily concentrate 1 miu per g £16.72 (k-kg); water miscible £4.59 litre (6-litre pack).  
**Vitamin D2:** Type 850 £48.53 kg.  
**Vitamin E:** See tocopheryl acetate.  
**Vitamin K:** 100-kg lots £3.56g.

### Crude drugs

**Balsams (kg) Canada:** Unchanged at £12.40 on the spot, shipment, £12.25, cif. **Copaiba:** £3.35 spot, £3.30, cif. **Peru:** £9.95 spot; £9.85, cif., **Tolu:** £6.15.  
**Belladonna:** (kg cif) herb £1.99; leaves £2.24; root, £2.240 cif, no spot.  
**Benzoin:** £204 cwt cif.  
**Camphor:** Natural powder £10.25 kg, spot; £7.95 kg, cif. Synthetic 96% £1.28 spot; £1.25, cif.  
**Cardamoms:** Alleppy green No. 2 £5.75 kg, cif. **Cascara:** £1,540 metric ton spot; £1,505, cif.

**Cherry bark:** Spot £1,545/£1,515 metric ton; shipment cif.  
**Cinnamon:** Seychelles bark £480 metric ton spot; £425, cif. **Ceylon quills** 4 o's £0.86½lb, featherings £0.18½lb both, cif.  
**Cochineal:** (kg) Tenerife black brilliant nominal. **Peru silver grey** no spot; £24.70, cif.  
**Gentian root:** £2,285 metric ton spot; £2,225, cif.  
**Hydrastis:** Spot £29.30; £28.95, cif.  
**Ipecacuanha:** Matto Grosso no offers; Costa Rican no offers.  
**Kola nuts:** £455 metric ton spot; £430, cif.  
**Menthol:** (kg) Brazilian £4.70 spot; £4.40 cif. Chinese £4.85 spot; £4.40, cif.  
**Pepper:** (metric ton) Sarawak black £850 spot, £1,600, cif; white £1,200 spot; £2,200, cif.  
**Pimento:** Jamaican £1,120 metric ton spot; £1,085.  
**Quillaia:** Spot £950 metric ton; £920, cif.  
**Tonquin beans:** Unquoted.

### Essential oils

**Anise:** (kg) Spot £12.75; shipment £12.50, cif.  
**Almond:** Sweet in 1-ton lots £1.50 kg duty paid **Bay:** West Indian £10 kg spot; £9.80, cif.  
**Bergamot:** New crop £60-£62 kg spot.  
**Bois de rose:** £7.40 kg spot; £7.50 kg, cif.  
**Buchu:** South African £135 per kg spot; English distilled £210 nominal.  
**Cade:** Spanish £1.90 kg spot.  
**Camphor:** White £0.85 kg spot; £0.80, cif.  
**Cananga:** Indonesia £14 kg spot; £13.50, cif.  
**Cardamom:** English-distilled £220 kg.  
**Cassia:** Chinese £52.50 kg spot; £55, cif.  
**Cedarwood:** Chinese £1.25 kg spot; £1.16, cif.  
**Cinnamon:** Ceylon leaf £2.35 kg spot; £2.30, cif, bark: English-distilled, £155.  
**Citronella:** Ceylon £3.50 kg spot; £3.25, cif. Chinese £3.70 spot; £3.65 cif; Java £3.35 spot, £3.16 cif.  
**Clove:** Indonesian leaf £1.60 kg spot; shipment £1.45, cif. English distilled bud £44.  
**Eucalyptus:** Chinese £1.90 kg spot; £1.85, cif.  
**Feenel:** Spanish sweet £8.80 kg spot nominal.  
**Geranium:** Bourbon £43.50 kg spot; £41.25, cif.  
**Ginger:** Chinese £28 kg spot; £25.65, cif. English-distilled (W. African Govt.) £95; (Indian £50).  
**Lavender spike:** £15.50 kg.  
**Lemon:** Sicilian best grades from £30 kg in drum lots.  
**Lemongrass:** Cochín £4.15 spot; £3.80 cif.  
**Lime:** West Indian £15 kg spot.  
**Mandarin:** £28 kg spot.  
**Nutmeg:** East Indian £8.75 kg spot; £8.10, cif; English distilled £16.  
**Olive:** Spanish £1,460 per metric ton in 200-kg drums; exwharf; Mediterranean origin £1,440.  
**Drawback:** £207.61 ton on Spanish after packing in containers of 5 litres or less.  
**Orange:** Florida £0.70 kg spot £0.65, cif. Brazil £0.50.  
**Origanum:** Spanish 70 per cent £18.10 kg.  
**Palmarosa:** £12.50 kg spot; £12, cif.  
**Patchouli:** Chinese £18 spot; £16, cif.  
**Pepper:** English-distilled ex black £120 kg, nominal.  
**Peppermint:** (kg) Arvinsis-Brazilian £4.20 spot; £4.40 cif. Chinese £2.80 spot; £2.60, cif.  
**Piperata:** American Far West £13.50 spot.  
**Pennyroyal:** From £9 per kg spot.  
**Petitgrain:** Paraguay £8.60 kg spot and cif.  
**Nux vomica:** No spot or cif.  
**Rosemary:** Moroccan £6.80 kg spot; Spanish £9.50.  
**Sandalwood:** Mysore £57.50 kg spot; £54, cif. East Indian £45 spot.  
**Sassafras:** Brazilian £1.90 kg spot; £1.75, cif.  
**Senna:** (kg) spot Alexandria pods hand-picked from £2 upwards; manufacturing £0.55. Tinnevely faq leaves £0.52; pods, faq £0.46; hand-picked £0.55.  
**Spearmint:** Chinese £7.50 spot; £6.85 cif. American £13 spot.  
**Squill:** Indian white £340 metric ton, cif.  
**Styrax:** Turkish natural £5.60 kg spot; £5.60, cif, nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

## COMING EVENTS

**Socialist Medical Association.** T. Clem Thomas memorial Seminar, Swansea University, Sunday September 21. "The role of the pharmacist", Morning session (10.30 am); Mr J. Kerr on "The pharmacist and the GP"; Mr D. Dalgligh on "The pharmacist and the public". Afternoon session; Mr S. Hudson on "The hospital pharmacist"; Mr J. Shulman on "Present problems and the future". Tickets £2 (£1 for pensioners and students) from E. J. Davies, c/o COHSE, 32 Gelliwastad Road, Pontypridd, Mid-Glamorgan CF37 2BN.



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(2/8)

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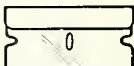
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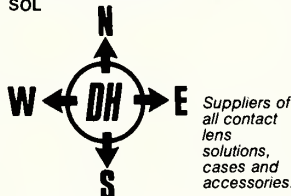
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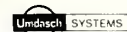
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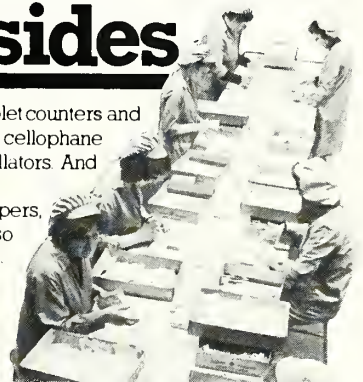
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